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IO PSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de Page 4 may be retained by the hospital or attending physician.	r filled	Pages	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.
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MARYLAND STATE DEPARTMENT OF NEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13019

1. PLACE OF DEATH	TOOTE			2. USUAL RESIDENCE	CE (Where Jacaesed I vad I	I institutio Residen	ofibatora admission)
	rederick		MARYLAND	a. STATE Mary	rland b. cot	NIY Fredo	riek
b. CITY OR TOWN (i) write RURAL and Brunswic	fourside corporate limit giva nearast town)	s, c. LE	NGTH OF STAY IN 16	a. CITY OR TOWN (I	f outsida corporale limits, wr	ita RURAL and giva	naarest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (f not in hospital, gi	ve straet address)	d. STREET ADDRESS			. IS RESIDENCE
	unswick S	Street		538 Bru	unswick Str	eet	YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE Mor	ith Day	Year
(Type or print)	Ethel		ancis	Albert	DEATH 12	2-4-1961	19
5. SEX	6. COLOR OR RACE	7. MARRIED TO	EVER MARRIED	DATE OF BIRTH	9. AGE (In year	S IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White	WIDOWED [DIVORCED	7-21-1897	64 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATI done during most of wo	ON (Giva kind of work	106. KIND OF	BUSINESS OR INDUST	RY II. BIRTHPLACE (Coun	ty & Stata, or foreign country) 12. CITIZEN O	F WHAT COUNTRY?
Housewi	fe	Mone		Maryland	1	U.S.	A .
13. FATHER'S NAME		1		14. MOTHER'S MAIDEN			
	Thomas	s H.Logu	le		Vieter:	ia Luttr	oll
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	Addra	55	
No.	Ass & LAS MOLOL Galez OLE	Brvice)		Mr. Herman A	lbert, Bruns	swick.Ma	ryland
18. CAUSE OF D	EATH [Enter only one	causa par line for				INT	TERVAL SETWEEN
PART I. DEAT	WAS CAUSED BY	Acreta 1	Mrsa a a m d d a	7 Tuesanahis		10	SET AND DEATH
110-		Acute	MAOCSLOIS	l Infarctio	on		5 min.
420,	DUE TO		T				_
Conditions, if any gave rise to Immedi	, which (b)	Corona	ry Insuff	1clency		1 = 1 =	b yrs.
(a), stating the u							
cause last.	(c)	Hyperte					5 yrs.
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO THE TERMIN	val disease condition G		PERFORMED?
UF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESCRIBE H	IOW INJURY OCCURE). (Entar natura of injury in l	Part I or Part II of Item 18.)		
ZOc. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Yan	Whila No		ACE OF INJURY (Homa, farm fory, straat, offica bldg., etc.		(County)	(Stata)
21. I certify t	hat (I) (this hospit	ral) attended th	ne deceased from.	Nov. 12	19.61 to Dec.	4, 1961, t	hat (I) (we) last
22a. SIGNATURE	OG BITTO GILLIAND		.17.622.) 610 110	Good, Geedles Galling			22b. DATE
	77	-	0		AED. STAFF		12-6-61
22c. PHYSICIAN'S				22d, ADDRESS			
NAME (Typa)	C.T. By:	ron Kao.	M.D.	Gum Spri	ing Hollow,	Brunswi	ck. Md.
23a. BURIAL, CREMATI REMOVAL (Spacify)	ON, 236. DATE THE		NAME OF CEMETERY		23d. LOCATION (City,		(State)
Burial	12-6-1	961 1	Park Hear	late	Brunswie	k. Maryla	nd
24 FLARAL DIRECTOR	SIGNATURE		ADDRESS		'D BY REGISTRAR 25b. F	EGISTRAR'S SIGNA	TURE
19 711 7	Bru	nswick,	Maryland	DATE	DEC 11 '61	Chillian S.	/ (Lauren)
JI-JUI-LL				1			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13913 CERTIFICATE OF DEATH

13881

			- at a second				
1. PLACE OF DEA	TH			2. USUAL RESIDENCE			dence before edmission)
	Frederick		MARYLAND	o. STATE Maryl	and b. co		rederick
b. CITY OR TOWN	V (if outside corporete limit	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out			
Frederi	and give neerest town)		Baye	X Point o	f Rocks		
	SPITAL OR INSTITUTION (I	not in hose		d. STREET ADDRESS	1 ILVERD		I a. IS RESIDENCE
	4.4						ON A FARM?
3. NAME OF	lerick Memori	at ho	-				YES NO
DECEASED	First		Middle	Lest 4.	OF	-	Day Year
(Type or print)	WILLI		HENRY	BARRETT			23, 1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year lest birthde:	IF UNDER 1 YE	
Male	White	WIDOWED	DIVORCED [June 27, 1869	92 yrs.	. I mounts oal	ys Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KII	ND OF BUSINESS OR INDUSTR		State, or foreign count	ry) 12. CITIZE	N OF WHAT COUNTRY
Sional I	working life, even if retired		Railread	Virginia			USA
13. FATHER'S NAME		1	2403,24 000	14. MOTHER'S MAIDEN NAM)E	1	
WATER A	m Barrett					James	
		CES2 14 S	SOCIAL SECURITY NO. 17. 1	MECONANT	nie Eliza l		
(Yes, no, or unkown)	(If yes give we rordales of se	rvice)					
No				. Clara Metzne	r, Brunswi	ck, Mary	Land
	DEATH [Enter only one	couse per li	pe for (a), (b)) and (c).)	1 1 .,			ONSET AND DEATH
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	- (Crebral To	unkerly			ONSET AND BEATT
737	Y DUE TO		2-1	1			
Conditions, if e		6	Callindel	leadin)			
gave rise to imme	ediete ceuse		- poole	un you			
(e), stetling the	underlying DUE TO						
couse lest.) (c)_						
PART II. OTH	HER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION	IVEN IN PART 1(a	PERFORMED?
3							YES NO
	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I	or Pert II of item 18.)		
OR CONTRIBUTION (IF EITHER, NOTIN	IG CAUSE OF DEATH						
ZOC. TIME OF IN	UURY Month, Day, Yee	r 2Dd. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,)	Df. (City or town)	(County	(Stele)
20c. TIME OF IN		While	Not While fact	ory, street, office bldg., etc.)	,	1-34	, , , , , , , , , , , , , , , , , , , ,
p.m	19	et work	at work	1	1	0	
21. I certify	that (I) (this hospit	al) allend	led the deceased from.,		1. 10 4 26	The second secon	s, that (I) (-) las
saw the dece	ased alive on2	5 Wy	196/ and that	death occured 11:30	A from the cause	s and on the	date stated above
22e, SIGNATUR	EAN N D I	111	1				22b. DATE
	Market	ella	re/180) "	D. PHYS. MED.	TOR PHYS.	7	12/26/61 SIGNED
22c. PHYSICIAN	I'S	4-0	The same of the sa	22d. ADDRESS			20/00
NAME (Ty	Robert S	. Hue	hes, M.D.	7 E. Church	St., Fred	arick. M	arvland
a plinial cocul			23c. NAME OF CEMETERY		d. LOCATION (City,		(Slete)
REMOVAL (Speci Burial	ATION, 236. DATE THER						
		OL.	St. Paul's	Semetery	Pt. of Ro	cks, Mar	yland
4 FUNERAL DIPLET		2 he	ADDRESS			- 4 -	
M. R. Etch	ison & Son.	Frede	rick. Warvland	DATDEC 2	8 '61	riims S. the	all

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13914 CERTIFICATE OF DEATH 13882 13882

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Rasidenca before admission)
Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick Lifetime	// Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Frederick Memorial Hospital	403 Sherman Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Harry William Bartgi	S DEATH December 6, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday Months Deys Hours Min.
Male White WIDOWED DIVORCED	September 19,1908 53 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BERTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Plumber Ft. Detrick	Frederick, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Bartgis	Minnie Estelle Speakes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
Yes, no, or unkown (types give war or dates of service) 214-10-4452 Mrs	. Baylor Crist Frederick, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	sitio Carcinomia Diso-
1/2/	
1621 DUE TO	
Conditions, if any, which (b)	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES FED NO
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from.	Sept 5 , 181, 10 DE 0 , 181, that (1) (we) las
	death occured at 3.7
22a. SIGNATURE	22b. DATE
PMP.	ATTENDING MED. STAFF PHYS. 12-7-1961
22c, PHYSICIAN'S	22d. ADDRESS
NAME (Type) -	D. 228 North Market Street Frederick, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Specify 12-9-1961 Mt. Olivet Co	metery Frederick, Maryland
24 PUNERAL DIRECTOR SIGNATURE, EL ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Tradest C Duckey y.	DEC 11 01
(Robert E. Dailey and Son Frederick, Ma	Ty Tallo

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and called filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon is pers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial-transit or removal, and in any event, within 72 hours after death. ESPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13883 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Frederick o. STATE Maryland b. COUNTY MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick vears Frederick Rura1 d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Frederick Memorial Hospital YES NO TO Route NAME OF First Middle 4. DATE Year Last Month Day DECEASED (Type or print) UTHER DEATH December 29 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doy's Male DIVORCED [7] 1875 White WIDOWED Nov. y13. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Railroad Engineer Chewsville. Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME David A. Betts Mary Rudisil1 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Mary L. Beard Frederick Rt.7 217-10-2794 No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO . 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., atc.) Hour a. m While Not while of work of work p. m 25 pec 21. I certify that (I) (this heap tal) attended the deceased from.___ 19:2_, that (I) (we) last The 1961, and that death accurred on 2 pm, from the causes and on the date stated above. sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rose Hill Cemetery d Hagerstown ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR

Scott F. Minnich & Son Hagerstown.

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FUNERAL page 3 the State P VR A15 (4) 15M 9/59

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executed within 24 hours after

TO SEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected to the page 4 may be retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coloring and director, page 3 should be detached for use as the burial-transit permit. Then pleaser requore carbon are be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13916	CERTIFICAT	E OF DEATH	1 1	13884
b. CITY OR TOWN write RURAL an Sabi	H erick (if outside corporete limits, d give neerest town) Llasville	c. LENGTH OF STAY IN 1b 40 yrs.	e. STATE Md.	6, COUNT (If outside corporate limits, write	Frederick
d. NAME OF HOSP	HAT OF INSTITUTION (I) I	not in hospital, give street address)	d. STREET ADDRESS		ON A FARM?
3. NAME OF DECEASED (Type or print)			ierly	4. DATE Month OF C	Dey Year 1961
S. SEX Male	White	WIDOWED DIVORCED	B. DATE OF BIRTH Aug. 23, 189.	1 70 yrs.	Months Days Hours Min.
done during most of w Chef 13. FATHER'S NAME	TION (Give kind of work orking life, even if retired)	State Hospital		Co., Penna.	U.S.A.
15. WAS DECEASED E (Yes, no, or unkown) Yes 18. CAUSE OF PART I, DEA 420 Conditions, if en geve rise to imme- [a), stailing the ceuse lest.	(lfyssigyewerordelesofsen 8/4/18 - 8/20 DEATH [Enter only one contribution of the co		Mrs. Franco CARD	10 VASSULAN	•
200. ACCIDENT V		Ob. DESCRIBE HOW INJURY OCCURE			YES NO
20c. TIME OF INJ			ACE OF INJURY (Home, fer ctory, street, office bldg., at		(County) (Stata)
21. I certify	that (I) (Hris hospital ised alive on) attended the deceased from C. 18			
23e. BURIAL, CREMA REMOVAL (Specify Burial 24 FUNERAL BIRECTO	12/21/61	Bethel Cemet	ery	23d. LOCATION (City, fow Washington C	o., Maryland

1- - - -754 alatember 5 MILITERATION ST devile of the street . The same sand the black there Appl 25 and Dette Tompitel Frenchis Co., Print. Colo. TOPSIT . TESTON meaning the second The service works are selected to the property of the property THE REPORT OF THE PARTY OF THE A REAL PROPERTY OF THE PARTY OF The state of the state of the state of Robert L. Reffer Pretar 12/21/61 Rothert Ownberg Partition Co., Sarpland Making Asy a hyperborn Pans.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before edmission) e. COUNTY Health, funeral director, Page sined for your files. e. STATE **b.** COUNTY is necessary, Frederick MARYLAND Frederick b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town! Frederick Years Frederick or d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Boal ON A FARM? Third Street 22h East Third YES TO NO A a,ned State 1 death. 3. NAME OF M'ddle DATE DECEASED OF the (Type or print) 19 61. EMMA SUSAN BLIMENAUER DEATH December after with 5. SEX 6. COLOR OR RACE B. DATE OF BRITH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED Hours last birthdey) and Months October 1. 1865 Female WIDOWED ICK DIVORCED [and 5. a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? M3. Page done during most of working life, even if retired) USA At Home Marvlane Heuse-work pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give Samuel Mart Margaret Waldeck This certificate should be executed within Office along with form burial-transit permit, File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordetesofservice) Mrs. Nima B. Wiles-Sameas Item #1 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN .5 ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (e) DUE TO removal, ARTERIO-SCLEROTIC HEART DISEASE 10 Years Conditions, if env. which (b) execute the certificate, writing the word "pending" id be forwarded to the Chief Medical Examiner's CYERAL DIRECTOR: Page 3 should be used as a b gave rise to immediate and DUF TO (e), stetling the underlying ď cause lest. (c) cremation, PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Y 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.1 PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. age 5 burit ¥ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry 1 and in my opinion agent, Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL FXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE PULL DEPUTY MEDICAL EXAMINER EKAMINER'S O. THOMAS. M.D. NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION J 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, Jown, or country) REMOVAL (Specify) OH Mount Olivet Cemetery Frederick. Marvland Burial 23. FUNERAL DIRECT 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Cirina S. Hrans DATIAN 4 5M 7/59 Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (What's deceased I'vad, if institution, Ras dance before admission) a. COUNTY a. STATE **b.** COUNTY Frederick Marvland by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Harmony Grove Frederick 5 " 5 2 weeks Pages urs affe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 3. NAME OF 4. DATE Last Month DECEASED OF (Type or print) DEATH Taabal Houck Bowers December 20 5 SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Female White WIDOWED [DIVORCED Sept. 22 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUS NESS OR INDUSTRY BIRTHP, ACE (County & State, or foragon country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if raticad) any Housewife Frederick Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ Charles S. Houck Virginia Cromwell IS WAS DECEASED EVER N L.S ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yas, no, or unkown) } (If yas give war or datas of service) No Mr. G. Hunter Bowers Harmony Grove 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last. certificate har PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year While fectory, streat, office bldg., atc.) Not While Hour a.m. at work at work p.m. (this hospital) attended the deceased from. ... lo..... and that death occured a M. from the causes and on the date stated above. saw the deceased arive on..... 22a. SIGNATURE ATTENDING MED. STAFF Y DIRECTOR PHYS. PHYS.

Page 4 rector, I g di 0 H VR A15 (4) 15M 9/60

22c. PHYSIC AN'S NAME (Typa

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATUR

Ruria:

238. BURIAL, CREMATION, | 235. DATE THEREOF

funera

Filled

carbon

Lemove

and

physician

ding pl

aften

the

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burial-transit

g physician, signed by th

attending

Ь

ospital

lhe this detached After 1

may be retain DIRECTOR: 8

been:

has

hours

Mt. Olivet Cemeterv ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Richard C. Reynolds

Son

23d. LOCATION (City, town or county) Frederick. Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATPEC 2 6

East Church Street

Frederick, Maryland

22d. ADDRESS

Cithur & Krasa

Fraderick

Day

Days

U.S.A.

(County)

Frederick.

e. IS RESIDENCE ON A FARM? YES NO K

Yaar

19 61

Hours

Fred. Md.

INTERVAL BETWEEN

ONSET AND DEATH

mont

PERFORMED?

NO .

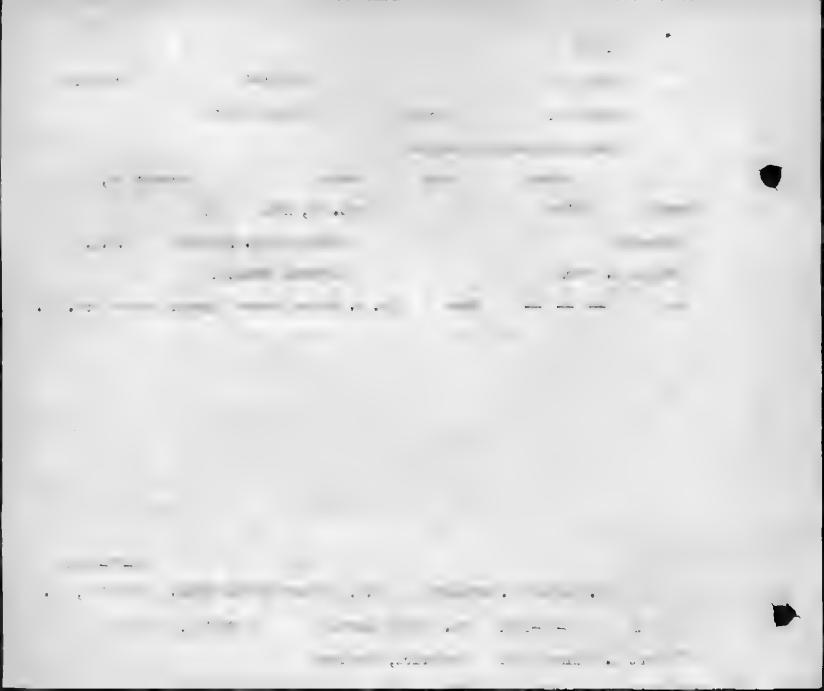
(Stata)

22b. DATE

(State)

SIGNED

19(0./., that (1))(we) last



FUR STATE HEALTH DEPT. PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be in tained for your files. If Pruneral DIRECHOR: Rege I should be used as a braite-transit permit. Ille pages I and 2 with the State Brand - Chealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

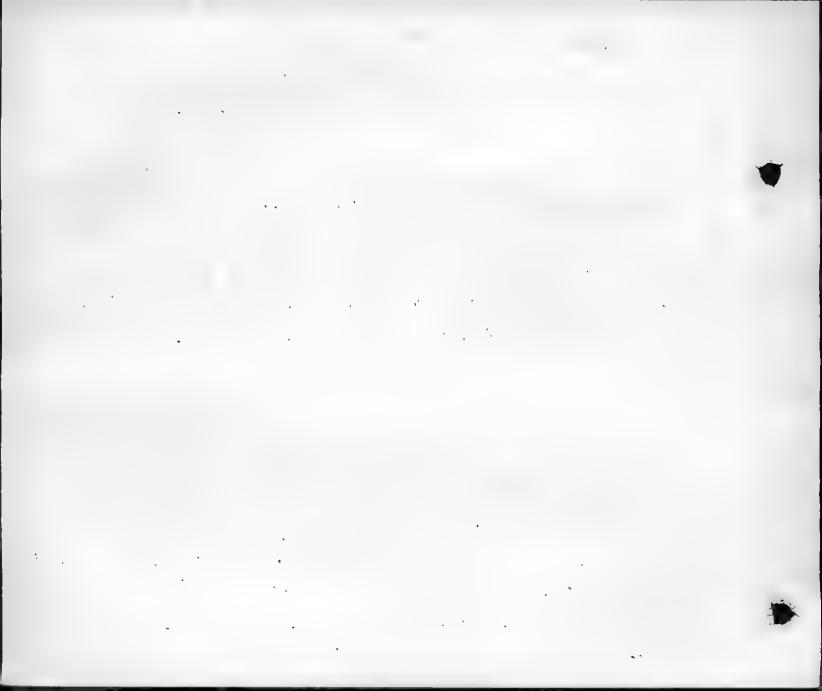
> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ı		19001
П	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before edmission)
1	Frederick MARYLAND	• STATE 6. COUNTY Laryland Frederick
V	b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs'de corporete limits, wr'te RURAL end g ve neerest town)
1	Jefferson 1:0 years	X Jeff rson
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d. STREET ADDRESS IS RESIDENCE
1	R.F.D. 1	ON A FARM?
1	3. NAME OF First Middle	YES NO W
1	DECEASED	OF
	(Type of print) Martin Luther Boy	er DEATH 12 2 196]
	/ MANAGED TO THE TRANSPORTED	DATE OF BIRTH 9. AGE (n yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	11ale White WIDOWED DIVORCED	11/13/18,7 led birthdey Months Deys Hours Min.
i	10e. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired) laborer, ret. state road	1 Toward and
ı	13. FATHER'S NAME	laryland II.S.
V	Hongon Bower	
J.	Henson Boyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Susan Koogle
1	(Yes, no, or unkown) Iliyes@ivewerordetesofzervice)	
1	1 r	s. H. Luther Boyer, Jeflerson, 1d.
1	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	NTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUNShot wound	imiediate
1	976 X DUE TO	
1	Conditions, if eny, which (b)	
	geve tise to immediate cause	•
1	(e), stelling the underlying DUE TO	'
	Course lest (c)	OT RELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN IN PART 1/a- 19, WAS AUTOPSY
	PAKI II, O JAEK SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMEDLY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (F. CAUSE OF DEATH CAUSE OF DEATH BUT NO CAUSE OF DEATH	YES NO
ı	E 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury in Pert I or Pert I of Item 18.)
- 1		
П		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. 1 12 2 161 While Not While	T- CO
	21. I sertify that I took charge of the remains described above, he	
		ide [X]. Homicide []. Undetermined manner []
	death resulted from: Manufal Causes, Accident, Suic	
1	RATE OF A	CHIEF MEDICAL EXAMINER -
	SIGNATURE SUCKETVICES	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S TO TO TO	DEPUTY MEDICAL EXAMINER
2	NAME (Type) Dr. B. U. Thomas	Address (Street, city, town, or county) 12/2/1,61
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or country) (Stete)
1		etery iddietown. Ud.
1	burial 12/5/1961 Lutheran Ceman Director ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Gladhill Jonnany, Middletown, 18	DATE DEC 5 '61 Golfun & Kraus
k.		· DATE DEC 5 '61 arthur & Krong





MARYLAND STATE DEPARTMENT OF HEALTH

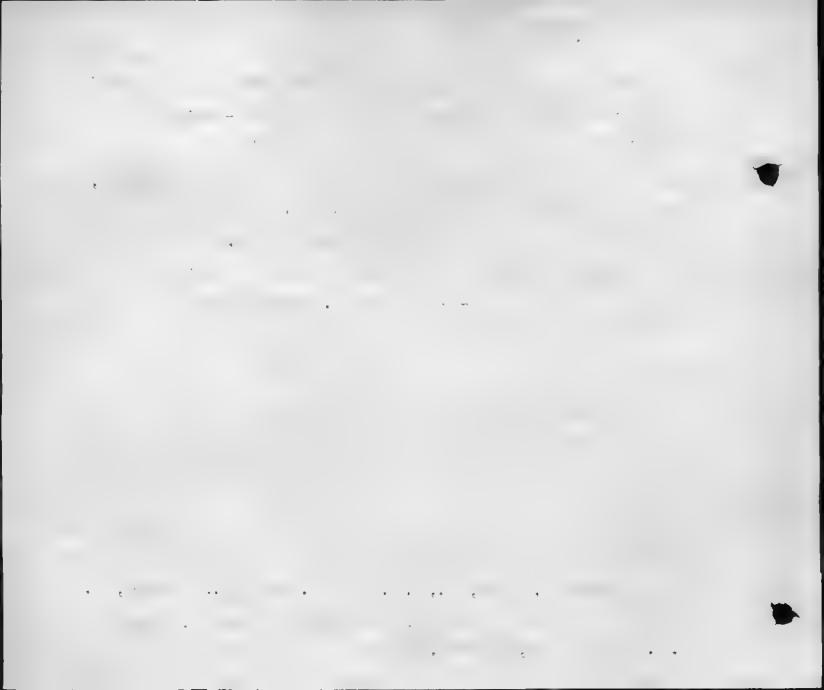


siy filled in by the funeral ss. Pages 1 and 2 should hours after death. TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and control is left filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon propers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, while 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13890

N	1. PLACE OF DEATH	· · ·		-20000
ı	. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived, If ins	
ιμ	Frederick	MARYLAND	o. STATE Maryland b. COUNTY	Frederick
1	b. CITY OR TOWN (if putside corporate Limits	c. LENGTH OF STAY IN 16	c. C.TY OR TOWN (If outside corporate limits, write R	
J	Frederick-Rural RD#1	Years	Frederick-Rural RD#	
-1	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	Worman's Mill		Worman's Mill	YES X NO
-1	3. NAME OF First DECEASED	Middle	Lest 4. DATE Month	Day Year
-1	(Type or print) NAOMI		OT THEO OLY DESCRIPTION	ember 8. 1961
-	5. SEX 6. COLOR OR RACE 7. MA		DATE OF BIRTH '9. AGE (In yeers IF	UNDER 1 YEAR IF UNDER 24 HRS.
	Female White work	OWED N DIVORCED 2	9 Dec 1877 83 birthday) 7/15.	Aonths Deys Hours Min.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refred)	L. KIND OF BUSINESS OR INDUSTRY	11 B RTHPLACE (County & Stety or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House-work	At Home	Emmitsburg, Md.	USA
	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME	•
	James Wilson Troxell	1	Mary Elizabeth Zacharias	
	15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were releasels service)	16 SOCIAL SECURITY NO. 17 IN		•
1	No	213-40-6714 Fra	ak C. Clemson (Same as ite	em #1)
	18. CAUSE OF DEATH [Enter only one cause		1	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	anolus & HC	morrhage	ONSET AND DEATH
1	DUE TO	wall to	11.00	- court
-	Con Malana M			1
	geve rise to immediate cause		· ·	
1	(e), steting the underlying DUE TO			
1		CONTRIBITION TO DEATH BUT WAY	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	ON DARTAL LAND WAS ALTONOMY
-1	FART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
1	3			AE2 🔲 NO 📆
	PART II. OTHER S.GNIFICANT CONDITIONS 20e ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Pert I, of (tem 18.)	
	3 20c. TIME OF INJURY Month, Dey, Yeer 2		OF INJURY (Home, farm, ; 20f. [City or town)	[County] (State)
1	<u>u</u>	Work of work factors	, street, office bldg., etc.)	
1			141 15 156 1100 0	20/21 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	21. I certify that (I) (this hospital) at	7 7 8 1.	D 4	, 19(2.1., that (I) (we) last
1		19U.I, and that d	eath occured .AM, from the causes an	
-	220. SIGNATURE	11112	ATTENDING MED. STAFF	22b. DATE
	Bernora W. J. Car	M.D.	PHYS. DIRECTOR PHYS.	8 Dec 1961 steres
1	NAME (Type)	14 M D	228 N. Market St., Freder	nick Md.
		mas, Jr., M. D.		
	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c, NAME OF CEMETERY OR		
	Burial 12-11-61	Mount Olivet		
	24 FUNERAL DIRECTOR'S SIGNATURE	Klencovic XI	250, REC'D BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
	M. R. Etchison & Son, F.	rederick warytant	I DATE DEG 11 '01	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE -MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I ved, If institut on: Residence before admission) a. COUNTY Раде b. COUNTTrederick a. 5Maryland Frederick funeral director. Pag MARYLAND b. CITY OR TOWN (if outside corporate I mits. e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give naarest town) Years Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) d. STREET ADDRESS Cotoctin Ave. fained Stat≡ B Frederick Memorial Hospital 3. NAME OF Midd.e 4. DATE DECEASED DEATH December Cook (Typa or print) Clvde William 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS L. Past birthday) and Months | Days August 17,1917 White Male WIDOWED [DIVORCED | and 72 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (G ve kind of work dona during most of working life, even if ratired) Frederick County Repair refrighters pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RAME LEX MEDICA Raymond W. Cook Pansy Watters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO | 17. INFORMANT Yes (M.W. Navy Office along with familia burlal-transit permit amoval, and in any 6 Frances Cook. Fredderick. Md. 18. CAUSE OF DEATH Enter only one cause per I ne for (a), (b), and (c).] Acute Coronary Thrombosis PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) in pencil **DUE TO** Myocardial I nfarction Conditions, if any, which (b) geva risa to immediata cause "pending" Examiner's m DUE TO (a), stating the underlying S used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT, ON GIVEN IN PART 118) 19, WAS AUTOPSY CERTIFICATION ess execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part I of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) While Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection XX Inquiry XX Natural causes XX Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE December 26.1961 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** B.O. Thomas . M. D. NAME (Typa) Addrass (Street, city, town, or county) Tage. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) o 40 Burial Frederick Memorial Park Frederick. Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. THERAL DIESTO VS. A15ME Robert and Son Frederick, Maryland arthur S. Thomas DATE FC 2 9 '61

. IS RESIDENCE ON A FARM?

YES NO T

Yaar

Hours

INTERVAL BETWEEN

Inutes

davs

PERFORMED?

NO

(Stata)

and in my opinion

DATE SIGNED

(Stata)

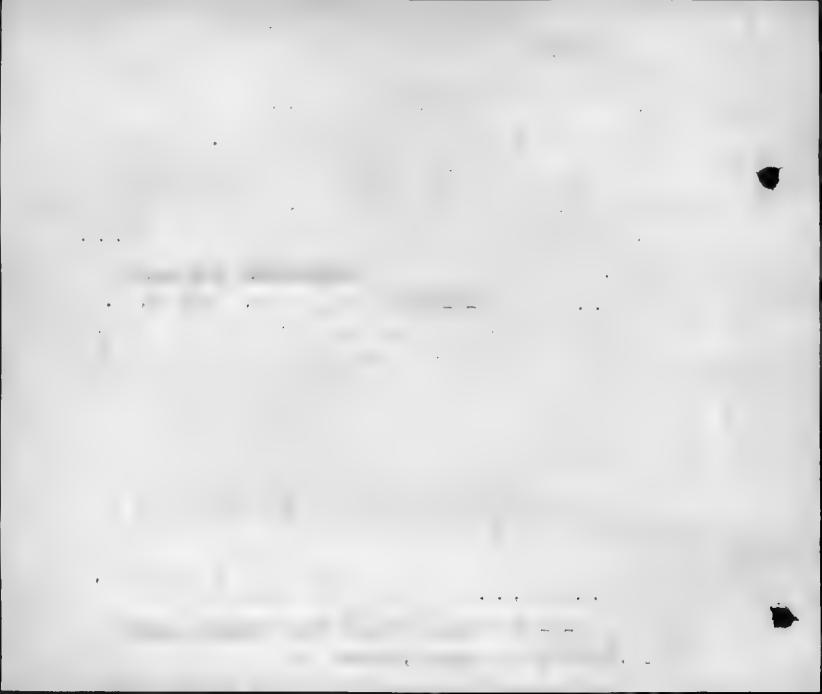
12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

1961

5M 7/59



ted within 24 hours after etely filled des. 1-TUTE COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Page 4 may be retained by the hospital or attending physician.

Yet TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control for the following page 3 should be detached for use as the burial-transit permit. Then please remove carbent pages be filed with the State Dept. of Health prior to burial, commation, or memoral, and in mny event, withhous

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1392
CERTIFICATE OF DEATH
13892

1. PLACE OF DEAT	. 43 44 72				
a. COUNTY	H		- STATE	- h col	first tution; Residence before admission)
a. COUNTY Free	Merick	MARYLAND	Maryl Maryl	and	Frederick
b. CITY OR TOWN	(if outside corporate I m ts,	e. LENGTH OF STAY N 16	c. CITY OR TOWN (if	outs de corporete limits, wr	ta RURAL and giva nearest lown)
Lime Kil	d give neerest town)	Years	X Lime	Kilm	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not 'n hoss	pita,, giva stree address)	d. STREET ADDRESS		e, 15 RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	ues?	d. DATE Mon	th Doy Yeer
(Type or print)	LUTHER	VICTOR (COOK	DEATH De	cember 28, 19 61
5. SEX	6. COLOR OR RACE 7. MARRIES	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In year	s IF UNDER 1 YEAR F JNDER 24 HRS
Male	White WIDOWE		29 Aug 1881	80 yrs	Months Deys Hours Min.
toa. JSUAL OCCUPA	TON (G ve k'nd of work orking I fe, even if retired)	ND OF BUSINESS OR INDUSTRY			12. C TIZEN OF WHAT COUNTRY?
Retired-Tr	ack Foreman Rai	lread Company	Marylane		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Benjamin C	ook		Elizabeth St	ar area (1905)	
	VER IN U.S. ARMED FORCES? 16.			Addre	74 - N
No No	(If yes give we ror dates of service) 7	05-10-2069 Mel	nrl C. Cook	(Same as ite	·雅 #1)
18 CAUSE OF	DEATH [Enter only one cause por la				INTERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY:	and an aval	110100		ONSET AND DEATH
1410	IMMEDIATE CAUSE (+)	oncary. I con	uscon wooderstio		
-10	DUETO	ata aire ata	and the	Prost Degree	in the
Conditions, if en		MUNGOIL WHE	Mossimo 1	man man	Jean
(e), stating the	3- DUETO / 111				
couse lest.) (c)		Mr Wu		
PART II. OTH	ER SIGNIF CANT CONDITIONS CON	TRIBUT NG TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>					YES NO
OP CONTRIBUTING	VAS UNDERLYING 206. DES- G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pa	rt I or Pert II of 'tem 18.)	
₹ 20c, TIME OF INJ	URY Month, Dey, Yeer 20d. 1	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
ZOC. TIME OF INJ	While	Not While factor	ry, street, office bldg., etc.)		
P-1111					
	that (I) (this hospital) attend	ded the deceased from	.6.[.(9	(el., to /2/2	, 196/., that (I) (we) last
21. I certify	that (I) (this hospital) attendased alive on				s and on the date stated above.
21. I certify	12/		death occured 1:3	OM, from the cause	s and on the date stated above.
21. I certify saw the decea	ased alive on	19(a), and that	death occured 1:30	OM, from the cause	s and on the date stated above.
21. I certify saw the decea	ased alive on	f19(a (, and that	death occured 1:30	D. STAFF	s and on the date stated above. 22b. DATE SIGNED
21. I certify saw the decer 220. SIGNA ORE	ased alive on	f19(a (, and that	ATTENDING MIPHYS. IX DIE	D. STAFF	s and on the date stated above. 22b. DATE 1961 SIGNED
21. I certify saw the decer 22e. SIGNA ORE 22c. PHYSICIAN NAME TYP 23e. BURIAL, CREMA	James B. Thoma:	M.E. M.D. MAR OF CEMETERY O	ATTENDING M. PHYS. DI 22d. ADDRESS 228 N. Mar	M, from the causes D. STAFF ECTOR PHYS. Ket St., Free 23d. LOCATION (City,	29 Dec 1961 derick, Md. (Stete)
21. I certify saw the decer 22e. SIGNA DRE 22c. PHYSICIAN NAME TYP	James B. Thoma:	f19.(a(, and that M.E. 8, M. D.	ATTENDING M. PHYS. DI 22d. ADDRESS 228 N. Mar	D. STAFF EECTOR PHYS. E	29 Dec 1961 derick, Md. (Stete)
21. I certify saw the decer 22e. SIGNATURE 22c. PHYSICIANT NAME TYP 23e. BURIAL, CREMA REMOVAL Specification BUT 14.1	James B. Thoma: 100, 236, DATE THEREOF 12-31-61	M.E. M.D. MAR OF CEMETERY O	ATTENDING MI PHYS. Z DII 22d. ADDRESS 228 N. Mar CREMATORY Cemetery	ket St., Free 23d, LOCATION (City, Frederick, D BY REGISTRAR 25b. 6	29 Dec 1961 29 Dec 1961 derick, Md. (Stete)

FOR STATE HEALTH DEPT. of the alth, y delay is necessary, funeral director. Page lined for your files. State Boar death. TO PULY MEDICAL EXAMINER: This certifical shared be executed within 24 hours after death, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 max. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with form its designated agent, prior to burial, cremation, or removal, and in any event within 72 librar after the pending permit is designated agent, prior to burial, cremation, or removal, and in any event within 72 librar after the pending pendi

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13893

1,	PLACE OF DEATH					idence before admission)
	Frederick	MARYLAND	a. STATE Mary	yland	b. COUNTY Fred	erick
	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate la	mits, write RURAL and g	ive neerest town)
	Monrovia-Rural	Life	A Mon	rovia-Rural		
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS	5		o. IS RESIDENCE
	Near Kemptown		Near	r Kemptown		YES NO
3.	NAME OF First **	Middle	Las [†]	4. DATE	Month 1	Day Yaar
	(Type or print) GARY		COOPER	DEATH	December	19 61
S.	SEX 6 COLOR OR RACE 7	. MARRIED NEVER MARRIED X 8	. DATE OF BIRTH		and the second second	AR IF UNDER 24 HRS.
	Male White	WIDOWED DIVORCEO	27 Oct 1957	1,1	yrs. Months De	ys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INOUSTR	Y 11. BIRTHPLACE (Stet	e or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
-	ne during most of working life, even if retired) Infant		Frederiel	k, Mal.	USA	A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME		-
	Leroy Cooper		Nama Joyce	Drewrey		
15.	WAS DECEASED EVER IN U.S. ARMED FORCE	ES7 16. SOCIAL SECURITY NO 17. 1	NFORMANT		Address	
(5 0	s, no, or unkown) (If yes give wer or detes of services)	None Le	roy Cooper	(Same as i	Ltem #1)	
Ĭ	18. CAUSE OF DEATH Enter only one ca	ause par line for (a), (b), end (c).)	# · *-			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Crushed Skull				Instant
2	/ 2 4) X DUE TO					_
ď	Conditions, if any, which (b)					
	geve rise to immediate cause (e), stating the underlying DUE TO				~ -	_
	cause last. (c)					
Z	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN IN PART 1	
Y II						YES NO
TIEK	20e. EXTERNAL CAUSE WAS 20E	DESCRIBE HOW INJURY OCCURED. (E	niar neture of injury in Pa	art I or Part II of Item 18	3.)	1
Ü	CAUSE OF DEATH.	Truck back o	ver hea	ed of ch	eld-	
Š	20c, TIME OF INJURY Month, Day, Year	1 2	CE OF INJURY (Homa, fer ory, street, office bldg., et	m, 2010 City or low	(County	(Stata)
MED	Hour . 12/4 1961		Vorre	Memor	inke In	disinf Md
	21. I certify that I took charge of		d an Autopsy	Inspection X.	Inquiry X,	ind in my opinion
	death resulted from: Natural cause	ses . Accident X. Suici	ide . Homicide	Undetern	nined manner	
			CHIEF MEDICAL	EXAMINER	-	
	ACTUAL SIGNATURE	mar	M.D. ASSISTANT ME	DICAL EXAMINER		DATE SIGNED
				AL EXAMINER	/ m	20/2
	NAME (Type) De Ue Thoma		Address (Street,	city, town, or county)	6 Dec	1901
22	BURIAL, CREMATION, 22b. DATE THEREOF			_ `	ity, town, or country)	(State)
	Burial 12-7-61	Bethel Cemete		Taylorstov		
23	FUNERAL DIRECTOR	Frederick, Marylan			146. REGISTRAR'S SIGN	IATURE
7	Transfer Smilly		o ARE	C 7; '61	C	



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13926 CERTIFICATE OF DEATH

13894

1. PLACE OF DEATH) 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission)
•. COUNTY Frederick MARYLAND	*. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, while RURAL and give neeres) town)
Walkersville-Rural Since-1954	X Walkersville-Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d. STREET ADDRESS (. IS RESIDENCE
Near Walkersville	Near Walkersville YES ★ NO □
3 NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) BERTHA SUSAN	CULLER DEATH December 15, 19 61
	8. DATE OF BIRTH 9. AGE (In years IF JNDER I YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	13 Jan 1890 (1 yrs. Months Days Hours Min.
108. USLAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY
done during most of working I fe, even if retired) House-work At Home	Feagaville, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Thompson	Ella Fulmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give we ror detes of service) 212-21-3515 Mr	s. Ruth E. Roderuck (Same as item #1)
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardias	Cochemia gnset and DEATH
Conditions, if any, which) (b) Active Sales	votes Bent durane 57m+
geve rise to immediate couse	
(e), stetling the underlying DUE TO	
161	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(6) 19. WAS AUTOPSY
OE THE STATE OF TH	PERFORMED?
200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of Item 18)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING AUGUST OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER!	5. (Street resolve of injuly this off to the field to y
	ACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Slete)
Hour e.m. WhileNot While	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	19 2 3 19, 10 A Ec. (.3, 19, that (I) (we) las
	at death occured 2:30AM, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF 22b, DATE
	M.D PHYS. DIRECTOR PHYS. 16 Dec 1961
22c. PHYSICIAN'S NAME (Type) B. O. Thomas, M. D.	228 N. Market St., Frederick, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL (Specify) 12-18-61 St. Luke's C	
1 001	
24 FUNERAL DIRECTOR'S SIGNATURE	256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Maryl	and parties 2 0 161



VR A15 (4) 1SM 7161

MANY AND CYATE DEDARTMENT OF MEATTH

and an analysis of the state of	MAKTLAND STATE DI	EPARIMENT OF REAL	III.
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	s, 301 W. PRESTON STREET	r, BALTIMORE 1, MARYLAND
13927	CERTIFICAT	E OF DEATH	13895

	1.00164		10000		
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence belore edmission)	
/	#. COUNT	Frederick	ND . STATE Taryland b. COUNTY Fre	dorick	
	b. CITY OR TOWN (if outs write RURAL end give	da corporate limits, c. LENGTH OF STAY I		and the second second	
	_ runswick	Life _	- Brunswiek		
		POTO ARC Stroot		IS RESIDENCE ON A FARM?	
		Potomac Stroot	216 West Poto ac Street	t YES NO-	
	3. NAME OF DECEASED	First Middle	Last 4 DATE Month	Day Year	
		77			
	5 SEX 6 C	Last brillians			
		VALLE WALLE WHOWED DIVORCED (-2-1900 Ol ys.			
	10a. JSUAL OCCUPATION [Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF V done during most of working life, exam of retired)				
Rottrod Rail road Brattonan Margland		Maryland U.	S.A.		
13. FATHER'S NAME			_		
James Cummings		ames Cummings	Nettie ?		
	15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unbown) [[] xesqive war or detes of service]				
William G.Gu. aings, stadensburg. F				rg. Fd.	
		If [Enter only one cause per line for (e), (b), and (c)]	·	INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Infarction 5 min.			
434,1 DUE TO					
Conditions, Fany, which \ (b) Congestive Heart Failure			5 vrs.		
	geve rise to immediate cause e), staling the underlying DUE TO				
21. I certify that (I) (this hospital) attended the deceased from June 11, 1958 to Dec. 19., 19				67that (I) (we) last	
	saw the deceased alive on DCC a 19.s . 1961, and that death occurred at				
	22d. ADDRESS				
	NAME (Type) C.T. Byron Kao, M.D. Gum Spring Hollow, Brunswick, M				
23a. BUR AL. CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, Town or county) (Stota)					
	REMOVAL (Specify)	12-22-1961 Union	Lovettsville, V	incinia	
	24 FUNDENAL DIRECTOR'S SIGNATURE ADDRESS 25% REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE				
	B. Le Feld Srunswick, maryland DADEC 27'61 Cining & Kraus				
	NI ACCILL		24, 71		

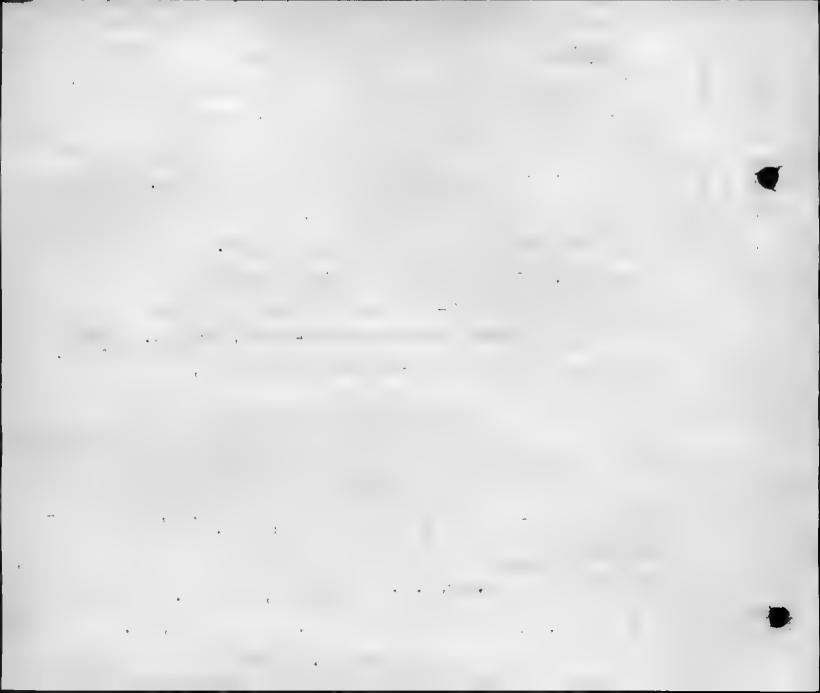


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) Frederick b. COUNTY Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) rederick Hrs Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick memorial Hosp 46 West Fatrick YES IN NO FIX 3. NAME OF Last 4. DATE Month DECEASED (Type or print) Bernard Silvester DEATH Duvall 12-21-61 19 67 with urs aff 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF B.RTH 5. SEX AGE (In years | IF UNDER 1 YEAR F JNDER 24 HRS. lest birthdey) Months Hours EN Male 10-2-1886 Negro | WIDOWEDX DIVORCED [10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction U.S.A Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard Silvester Duvall IInknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md (Yes, no, or unkown) | Wyespiyawarordetesofservice) Yes W.Patrick St 579-10-4719 Allen Jamison 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) Office **DUE TO** burial Conditions, if env. which (b) gave rise to immediate cause DUE TO (a), stelling the underlying Examiner 10 cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19, WAS AUTOPSY PERFORMED? 28 NO X CERTIFICA plno 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I of Pert II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 1 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm. 20f. (City or fown) Month, Cey, Yeer (County) (State) While Not While fectory, street, office bldg., etc.) . Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry ō death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER [FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED execute SIGNATURE DEPUTY MEDICAL EXAMINER 2 12-21-61 EXAMINER'S Frederick, Md B.O. Thomas should NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226, BURIAL, CREMATION, 226. DATE THEREOF T 22d. LOCATION (City, fown, or country) (Slate) REMOVAL (Specify) 40 6 Frederick Burial Fairview a 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23, FUNERAL DIRECTOR AODRESS VS. A15ME Frederick, Md 5M 7159



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH I. PLACE OF DER THE a. COUNTY Frederick \$ C. MARYLAND by th b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural- Kemptown ,9 after Rural filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS RFD Monrovia executed 3. NAME OF Middle DECEASED (Type or print) William Henry Fell carbon 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 75 8. DATE OF BIRTH Ma.le WIDOWED I DIVORCED June 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Elevator Construction 13. FATHER'S NAME please William R. Fell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) ! (If yas giva war or datas of service) 578-07-8134 Mrs Mary 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit **DUE TO** gave rise to immediate cause **DUE TO** (a), stating the underlying has cause last. the þ certificate CERTIFICATION None 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR: 22a. SIGNATURE ATTENDING ic. PHYS. M.D 22c. PHYSICIAN'S 22d. NAME (Type) M. McKendree 1 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Providence Meth. Burial Dec.2 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) b. COUNTY Frederick Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give pagrest town) - Kemptown . IS RESIDENCE ON A FARM? YES - NO Monrovia Month Yaar OF DEATH AGE (In years IFUNDER I YEAR IF UNDER 24 HRS last birthday) Months .908 12. CITIZEN OF WHAT COUNTRY? (County & Slata, or fora gn country) USA Chicago Lillian Chapman Item 2 INTERVAL BETWEEN ONSET AND DEATH Cerebral Vascular Accident * Acute, recurrent. Immediate First Attack Aug. Cerebral Arteriosclerosis & Hypertension, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED? NO + 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20f. (City or town) (County) (Stata) 21. I certify that (I) (this-hospital) attended the deceased from. August. 7.,.., 19.61 to Dec. 20,....., 19.1., that (I) (we) last saw the deceased alive on December 1319, 61 and that death occured a5:55M, aromethe causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. December 21. 9830 Main Street 1961 Damascus. Maryland. 23d. LOCATION (City, fown or county) (State) Kemptown 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE New Market, Md, DATE DEC 29'61



ADDRESS

Frederick . Md

ON A FARM?

1967

da

(State)

22b. DATE

(State)

25s, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

SIGNED

certificate CTOR: may b LINERAL 0 15M 9/60

funeral

12 p

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S pou with

and

VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE

C.E. Hicks 111



FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is hueral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 'elained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heauth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effer death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

SATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Divisiping MEDICAL EXAMINER'S CERTIFICATE OF DEATH 42000

- 1	77.						OOSS -	_
V	1. PLACE OF DEATH			17	NCE (Where daceese		on: Rasidenca balora ad	(noission)
	ı. cookii	edorick	MARYLAND	a. STATE Par	yland	b. COUNTY	Prodorick	
7	b. CITY OR TOWN (if	fouts de corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	I m Is, write RURA	Land giva naarest town)
		give nearast town)		K				
	Brunswi			Petersvi				
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not	in hospitat, give street address)	d. STREET ADDRESS	5		e. IS RES	IDENCE FARM?
	West 1	Potemac Str	aat				YES 1	
1	3. NAME OF	First	M ddla	Last	4. DATE	Manak		1.24
1	DECEASED				OF	Month	Day Yaar	,
	(Typa or print)	Louis	Elmer	Frye	DEATH	12	26 19 (61
A	5 SEX	6. COLOR OR RACE TO M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		E (In years If UNI	DERTYEAR IF UNDER 2	MRS.
	Male	White wm	OOWED DIVORCED	3-31-1889	72"	brithday) Month	Days Hours	M.n.
	10a. JSUAL OCCUPATI done during most of wor	ON (Giva kind of work king life, even if ratirad)	DE. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State	a or foreign country)	12.	CITIZEN OF WHAT CO	JNTRY?
	Retired 13. FATHER'S NAME	car repair	man o.k.O.R.R.	Co Vinci			U.S.A.	-
1		Butler Frye		1	De net 1	CIO WAL)		
1	15. WAS DECEASED EVE		16. SOCIAL SECURITY NO. 17.		De stee	Address		-
	Tras, no, or wisown)	A on A 14.4 Mail Ol GBIGZ OL PELAICE	'l	s.Virginis	Michel	son Kna	rarilla Ma	
-	1 18. CAUSE OF D	EATH lEnter only one cause	par line for (a), (b), and (c)		111071011	- 4-19 ILLIA-	INTERVAL BETW	
		WAS CAUSED BY:		7 .			ONSET AND DE	
		MMEDIATE CAUSE (a)	Coronary Oca	clusion			Linute	Z
	1 7201	DUE TO						
	Conditions, if any,	1-7						
	gave rise to immedia (a), stating the un	D. IC TO						
	cause last.) (c)						
-1	Z PART II. OTHER		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN F	ART 1 a, 19. WAS AU	TOPSY
1	5		,				PERFOR	
	5						YES N	으 니_
	PART II. OTHER PART II. OTHER 20s EXTERNAL CA PRIMARY OF COI CAUSE OF DEATH.		ESCRIBE HOW INJURY OCCURED. (Entar natura of Injury in Pa	art I or Part II of itam	18.)		
- 1			ne i militari Occilinnin i no. Bi a	er or billion all	20/ /51			
	V		20d. INJURY OCCURRED 20a. PLA WhileNot While fac	tory, street, office bldg., et		wn) [County) (S	tale)
	Hour a.m.		at work at work		1			
	21 I certify the	at I took charge of the	remains described above, he	eld an Autopsy	Inspection 3.	Inquiry 🕺	, and in my op	nion
1	death resulted fr	rom: Natural causes	Accident , Suic	ide 🔲. Homicide	: 🔲. Undeter	mined manner		
1		0.		CHIEF MEDICAL	EXAMINER			
	ACTUAL	6/12/2000		ASSISTANT ME	DICAL EXAMINER	7	DATE SIGN	ED
	SIGNATURE J	y Cypy pro		M.D.	AL EXAMINER [89]	_		
-30	EXAMINER'S NAME (Typa)	3.0.Theras			eity, town, or county	Bradan	12/26/6	ΟŢ
	228. BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION	City, lown, or cou	niry) (State)	-
	DUIT 1 A L	12-21)-196	1 Lutheran			1120	rjiand	
ŀ	23. JUNERAL DIRECTOR		ADDRESS	24a RF	Jeff of	24b. REGISTRAR	'S SIGNATURE	
	124 1		Maryland		The state of the s			
k	of his Tick	V	Mar A Tarkia	DATDE	C 2 8 '61	a thung	1. Thous	
-								



A ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

C. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and center of the plant of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2-should be filed by the site burial transit or removal, and in any event, within 12 thous after definition.

VR A1S (4)

15M 7/61

MAN	TLAND STATE DEPAKT	WENT OF HEALT	l'II
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, 301 T	W. PRESTON STREET,	BALTIMORE 1, MARYLAND
13022	CERTIFICATE OF	DEATH	13900

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)
a county Frederick MARYLAND	a STATE Maryland b. COUNTY Prodorick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RURAL and give nearest town) Trunswich: Tife	700000000000000000000000000000000000000
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
217 East Potonic Street	217 East Potomac Street YES NO
3. NAME OF First Middle DECEASED	Last 4, DATE Month Dey Yeer
F 19	Funk DEATH 12 30 19 67
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	3-3-1876 Sept buthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
₹one =	West Virginia U.S.A.
13. FATHER S NAME	14 MOTHER'S MAIDEN NAME
Bonj.Funk	Georgann a Dixon
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Hyesgive were redetes of service)	NFORMANT Address
No (New Manager and Control of the C	ms. Vadis Coll, Brunswick, Taryland
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Pulmonary Edom:	ONSET AND DEATH 1 day
	T day -
Conditions, if any, which Decomposited (Tongogiano Hoont Poiluno II mon
gave rise to immediate cause	Congestive Heart Failure 1 mon.
(e), stelling the underlying DUE TO	
cause last, (c)	
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINES	. (Enter nature of injury in Part II or Part II of item 18.)
	CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	Dec. 18,, 19.61, toDec30, 19.61that (I) (we) last
	deeth occured at
228 S GNATURE	22b. DATE
I CONTRACTOR OF THE PROPERTY O	D. PHYS. DIRECTOR PHYS. 3-2-62
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) C.T. Byron Koo, H.D.	Gum Spring Hollow, Brunswick, Md.
23a. BURAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specifical 11-3-1962 Hount Olive	Frederick, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
runswick, Maryland	
VI fell (let XI)	DATE JAN 4 '62 1 Thomas =



MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13933 CERTIFICATE OF DEATH

I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before edmission) e. COUNTY n. STATE b. COUNTY Frederick Capriel 1 MARYLAND b, CITY OR TOWN ('I outs de corporete lamits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town) Union Bridge Davs Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) e. IS RESIDENCE ON A FARM? YES NO Frederick Memorial Hospital 3. NAME OF 4 DATE Midd a Month DECEASED OF (Type or print) DEATH December 19 61 GERTRUDE IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months Days October 23, 1881 WIDOWED T DIVORCED Female 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Marvland At Home House-work 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sarah C. Grimes Adam Ricketts 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyes give were r detes of service) Mrs. Verna E. Bare, R.F.D.#6, Frederick, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 10 44000 IMMEDIATE CAUSE (e) DUE TO ARTERIOSCLEPOTIC RENAL DISEASE gave rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of 'njury in Part I or Part II of Item 18.) 20e. TIME OF INJURY 20d. INJURY OCCURRED . 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stele) Month, Dey, Yeer factory, street, office bldg., etc.] Not While et work et work, 19. /2/, that ((1)/(we) last .19 (4) and that death occurred at P.M. from the causes and on the date stated above .23 saw the deceased alive on. DATE 22a. SIGNAZURE ATTENDING . MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 224. ADDRESS 22c. PHYSICIAN'S East Church Street, Frederick, Maryland NAME (Type) Richard C. Reynolds, M.D. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Frederick County, Maryland Rocky Springs Cemetery 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS DAT DEC 2 7 '61 Etchison & Son, Fraderick, Maryland arthur S. Krues

12 t E *** filled physician 940 .0 guipi pleas signed 185 certificate After DIRECTOR FUNERAL irector, I a filed v VR A15 (4) 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 39 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY Page Health, **b.** COUNTY a. STATE director. Pas-BREDERICK Pennsylvania MARYLAND b. CITY OR TOWN (if outs'de corporate limits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II buts'de corporate limits, write RURAL and give nearest town) your d of write RURAL and give nearest town) None I. Dalles E RURAL BREDERICK d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? I-S-Rt. Near Frederick YES NO [3. NAME OF First Middle DECEASED 1963 GREGSON (Type or print) GRORGE CHADNIECK DEATH DAC. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH PM3. Page 5 may be pages 1 and 2 with 7. MARRIED NEVER MARRIED 19. AGE (In years I.F UNDER 1 YEAR OF UNDER 24 HRS. last bythday) Months | Days | Hours Dec. 16 Mala WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lie, even if retired) Retired Mgr. Wire Rope Co. Wilkes Barre England 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgana A. Chadwick George Gregson 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewar or dates of service) Shrine View, Dallas Pa No Mrs. Nobline Gregson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO buriel Conditions, if any, which (6) gave rise to immediate cause III) DUE TO (a), stating the underlying 98 PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8, 19, WAS AUTOPSY PERFORMED? 20 NO should ial, cren 20a EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. No Injury Chief 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Page factory, street, office bldg., etc.) While Not While 0 Hour am. al work at work ρĠ 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ă Inquiry and in my opinion 0 Ö MEDICAL forwerded in DIRECT sted agent, Natural causes T Accident . Suicide | Homicide [Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER esignated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED be to SIGNATURE 4 should be to FUNERAL. DEPUTY MEDICAL EXAMINER 9, 1961 EXAMINER'S Dec. B. O. THOMAS NAME [Type] Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) ON. 226. DATE THEREOF Gremated 12-12-1961 Hanover Township 040 g Dec. 10. Pennsylvania Crematerium, REC'DIRECTOR CALL STRAR'S SIGNATURE FREDERICK. VS. A15ME DEC 1 2 '61 ather S. Kraus 5M 7/59 DATE

on'. ai c C

e e e

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Frederick Page Frederick Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 director. your write RURAL and give nearest town) 5 Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d STREET ADDRESS a. IS RESIDENCE ON A FARM? DOA Frederick Memorial Hospital 60h Charles Street YES NO TE 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) AUSTIN BOWERS **GROSS** DEATH December 16, 19 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR may 2 with 50 Months Days Male White April 1911 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if ratirad Price Electric Co. USA Jefferson, Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leslie G. Gross Elsie Grace Heffner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, go, or unkown) | (If yes give werer detecof service) Mrs. Irene S. Gross 214-16-0146 (Same as item #2) 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN Office along a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, flany, which (b) gave rise to immediate cause (0) **DUE TO** (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY CERTIFICATION PERFORMED? now risted NO TO 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f, (City or town) Month, Day, Year (County) (State) factory, streat, office bldg., atc.) Whila Not Whila OR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autoby Inquiry and in my opinio Inspection forwarded h death resulted from Accident L. Suicide Natural causes Homicide I Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James B. Thomas. M. D. plnous NAME (Type Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Burial (Spacing Frederick, Maryland Mount Olivet Cemetery ₽40 P 23. FINERAL DIRECTOR Son, Francisck, Maryland 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATREC 2 2 '61 C' Thur & Thomas 5M 7/59



CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decased I vad. If institution; Residence before edmission) a. COUNTY oy the and 2 : MARYLAND b CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata fimits, write RURAL and give nearest town) write RURAL and give nearest town] Years Frederick .⊑ Pages ' d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) illed d STREET ADDRESS Frederick Memorial Hospital West Patrick Street 3. NAME OF Middle DECEASED (Typa or print) DEATH HENCH HARRIS S 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED carbon w.lh B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR 78 yrs. апо Male 21 May 1883 WIDOWED T DIVORCED 100. USUAL OCCUPATION (Give kind of work гетоме 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or fore or country) done during most of working life, even if retired) At Home Bloomfield, Maryland House-work 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Wesley Wachter Susanna Smith 百 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas give war or dates of service) Charles W. Harris, Buckeystown, Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] e nas been signed by the burial-transit permi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO certificate has been gava rise to immediate cause (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B. 208. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Morth, Dey, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY factory, straet, office bldg., etc.) Not While Hour e.m. et work et work DIRECTOR: 21. I certify that (i) (this hospital) attended the deceased from VO. V...19 61, and that death occured 2005AM, from the causes and on the date stated above 22a, SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d. ADDRESS . Church St., Frederick, Md. V. Chase, M. D. 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 1 236 DATE THEREOF Zion Cemetery Charlesville, Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Etchison & Sen. Frederick, Maryland Orthur S. House DATE DEC 2 8 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

a. IS RESIDENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

1 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO X

(State)

SIGNED

(State)

Dec 1961

USA

(County)

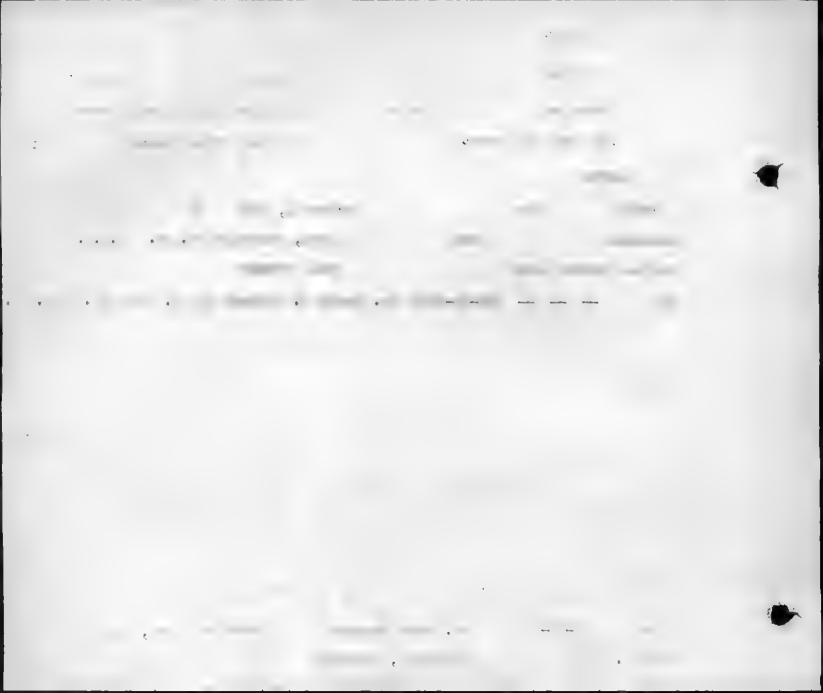
executed



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 14 o. COUNTY filed o. STATE Frederick b. COUNTY **MARYLAND** Maryland Frederick funeral pe b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) the fund Frederick 30 vears 111 East Third Street d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION 124 West 5th Street 25 YES NO P East c NAME OF Middle 4. DATE Month Yeor DECEASED OF DEATH (Type or print) Audrey Louis Dec 1960/ 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS lost birthday) after Months Davs hit WIDOWED DIVORCED [,2 October 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Doubs, Frederick Co. Md. U.S.A. and Housewife None Бол 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Mamie Stewart Charles Winford Soper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Marvin C. Hartsock 111 E. Third St. Fred. 220-16-1438 No altending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cervix & extension Carcinomit DUE TO þ Candilians, if any, (b) signed Dermi gave rise to immediate **DUE TO** cause (o), stating the under lying couse lost **burial-tronsit** ь PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 cremation, PERFORMED? YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Nat while ist wark | at wark 1961, to Dec 1961, that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased fram.__ saw the deceased alive an 1000 c. 1961, and that death accurred at 5.64M, from the causes and an the date stated above. DIRECTOR: 22a SIGNATUR SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS 3 shauld NAME Type) UNERAL 801Toll House Aux BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) St. Pauls Cemetery Point. of Rocks, Maryland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Robert E. frederick. Maryland DATE Son

havrs after death.

within



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13938

13906

1	1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	ll a. STATE	ENCE (Where deceased Vid	T	reder	
	RURAL and give to the rest of the control of the co	(If outside corporate limits, wi learest tawn) PICK	tite c LENGTH OF STAY IN 16	1	OWN (If autside carpordure)	ite limits, write RUR/	AL and give ne	arest lawn)
	d. NAME OF HOSPI OR INSTITUTION I'V ede	TAL (If not in haspital, give si rick Memori	reel oddress)	d STREET AL	Lombard	St		e is residence on a farm? YES NO
	3. NAME OF DECEASED (Type or prinf)	eter First	David	Koons	4. DATE OF DEATH	De C	//	196/
	s. sex	WID WID	MARRIED X NEVER MARRIED C	1 - 0 - 1 - 2	.1891	70 yrs.	lonths Days	R IF UNDER 24 HRS. Hours Min.
	during most of war Manager	rking life, even if retired)	neza Co Op	Md	•	intry)	U.S.	F WHAT COUNTRY?
1	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
	Pet	er D.Koons		Alice	e Birely			
	(Yes, no. ocunknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant Mary N.Ko	ons Lombs	Address ard St.T	hurmon	nt anD
		immediate DUE TO	Enforction Cerebral :	throng	the love	Lin		Jerval Between ISET AND DEATH CHYS
	200. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR				IN PART 1(o)	PERFORMED? YES NO
- 1	(IF EITHER, NOTIF	, , , , , , , , , , , , , , , , , , ,		PLACE OF INJURY (Hactary, street, affice	iame, farm, 720f (City obldg., etc.)	ar tawn)	(Caunty	(State)
		12.	tended the deceased from 1961, and that have	death accurred M.D ATTENDING PHYS. 27d. ADDRE	MED.	he causes and STAFF PHYS		hat (1) (we) lost e stated above 27b DATE SYONED 1 / (C)
	REMOVE SPICE	44 44 47		or crematory metery	Nr .Ladi		Fred k	(State)
	24 FUNERAL DIRECTOR	r's SIGNATURE	ADDRESS Thurm	ont.	PRECID BY REGISTR	AR 2Sb. REGISTR	AR'S SIGNATI	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13939

13907

ī	1 PLACE OF DEATH o COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY			
L	Frederick	MARYLAND	Maryland Frederick				
	 CITY OR TOWN (If autside carporate limits, wri RURAL and give nearest lawn) 	te C LENGTH OF STAY IN 16	c CITY OR 1	OWN (If outside corporat	e limits, write RURAL and	give nearest town)	
ļ	Frederick	4 days		lkersville			
	d. NAME OF HOSPITAL (If not in hospital, give shook INSTITUTION	reet address)	d STREET A	DDRESS		e. IS RESIDENCE ON A FARM?	
_	Frederick Memorial	Hospital	<u> </u>			YES NO.	
3.	NAME OF DECEASED (Type or print)	Middle	las	4. DATE OF DEATH	Month	Day Year	
	710-0	Alton	reacce.		1050 SELINDE	R 1 YEAR IF UNDER 24 HRS	
5	21.7		B. DATE OF BIRTH		last birthday) Manths	Days Hours Min	
10	110,10					TITCH OF WALL TO COUNTY	
1100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	1			TIZEN OF WHAT COUNTRY?	
-	Retired Farmer		Mary			S.A.	
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME			
	Francis Lescalleet		Georg	rianna Wenri	ch		
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. H	NFORMANT	Stalling Holler	Address		
Th.	is, no, or unknown) (If yes, give war or dates of service)						
-	No		s. lola	<u>Lescalleet, </u>	Walkersvill		
	18. CAUSE OF DEATH [Enter only one couse p	er line far (a), (b), and (c).		1		ONSET AMO DEATH	
	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Tremother	4 mes	ulaucour		4 days	
	52 P X DUE TO						
	Conditions if any, which) by Regittered exceptly recordions bell- Institut						
	gave rise to immediate	agree way	receign to	70	<u> </u>		
	cause (a), stating the under-		0				
_	lying cause last.) (c)						
1 2	PARE I OTHER SIGNIFICANT CONDITIO	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED?	
Ţξ	huselech port.	uc o bracelli	tis of b.	oth live	5-e-	YES NO	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature o	Finjury in Part i ar Patrit	of item 18.)		
13	20c. TIME OF INJURY Month, Day, Year 20	INJURY OCCURRED 1200 PL	ACE OF INJURY (tame, farm, 20f (City or	tawn)	(County) (State)	
MEDICAL		IIIE INUI WIIIE	ctory, street, office	bldg., etc.)	·		
×	p. m. 17 at	work at wark	-1-		7		
	21. I certify that (I) (this haspital) patt	ended the deceased fram.,	xllee-2	1966, 10/6	LR 24 , 19.	that (I) (we) last	
	saw the deceased alive an Alle	. 24 1961, and that a	death accurred	S S M, fram th	e causes and an th	ne date stated abave.	
220 SIGNATURE						22b.DATE	
	1-11-111th	Turk	M D. PHYS.	MED.	STAFF PHYS	Alec. 20 SIGNED	
	22c. PHYSICIAN'S	*,	72d. ADDRE	/	11113	200	
1	NAME (Type) E.A. DET	TBARN	WA	-LKERSV	1664	#1D_	
23	BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d. LOCATIO	N (City, town, or county)) (State)	
	Burial 12/27/61	Haugh's Cemet			burg. KKKK		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRE\$5	O+ A	25a. REC'D BY REGISTRA			
	Mother work of the self of		~ 4			, Thates	
	/w.v.russ & son, 1	aneytown, Maryla	nu	DATE DEC 2 8 '61			

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysicion and completely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Plete State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

1 W 2



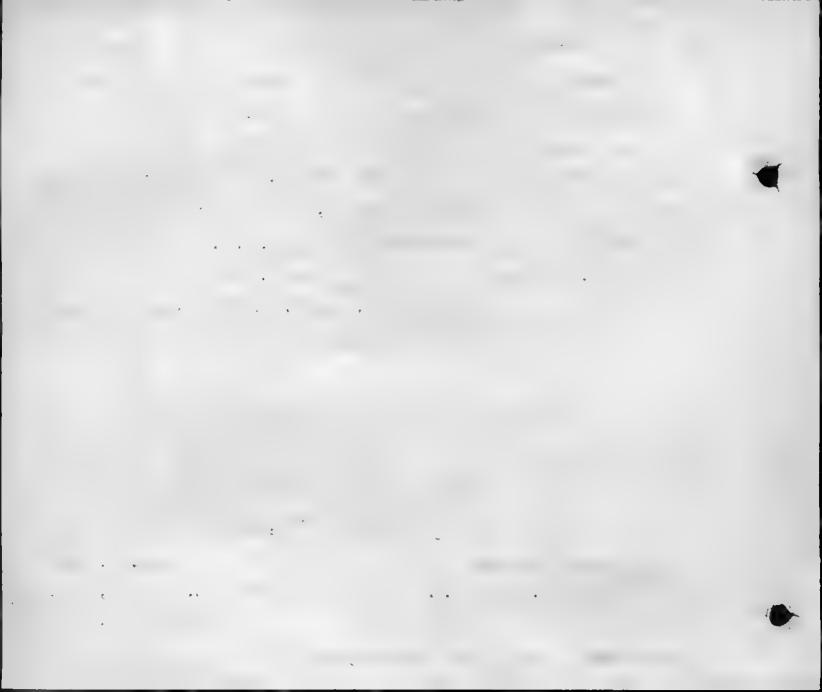
TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a Page 4 may be retained by the hospital or attending physician. 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control is the funeral control by the detached for use as the burial-transit permit. Then please remove carbon pages? Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

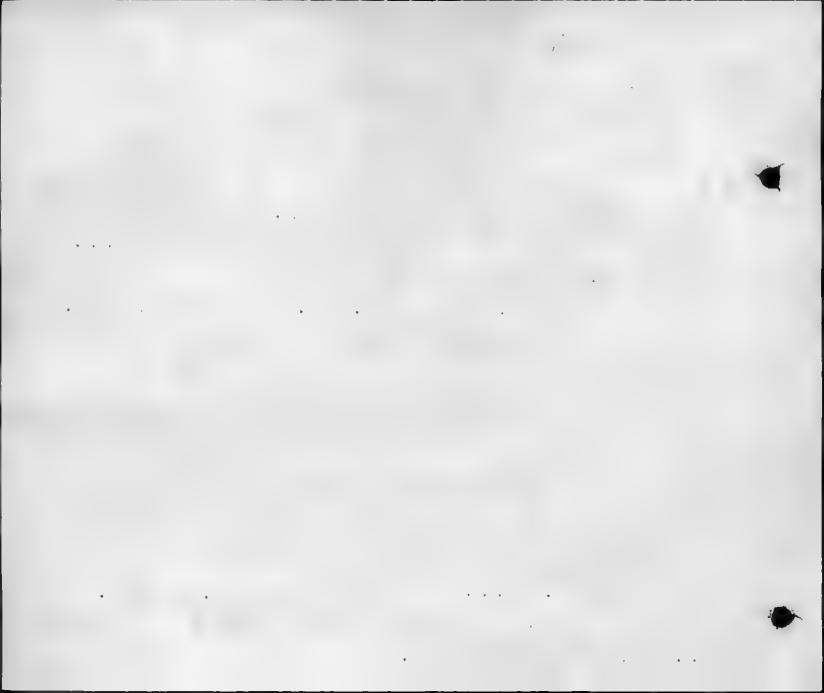
13940 CERTIFICATE OF DEATH

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE [Where deceased lived, if institutions Residence bel	fore edmission)
Frederick MARYLAND	* STATE Maryland b COUNTY Frederic	k
b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	
Walkersville 10 Months	X Walkersville	
d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address)		IS RESIDENCE
37 Maple Avenue	1 1 2 2 2 2 4	ON A FARM?
3. NAME OF First Middle	Last . 4. DATE Month Dey	Yeer
(Type or print) CHARLES JAY M	AC CARTEE, SR; OF December 18	1961
		NDER 24 HRS.
	day 28, 1888 last birthdey) Months Deys Ho.	urs Min.
10a. USUAL OCCUPATION IGIVE Kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y , 11 BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WH	IAT COUNTRY?
done during most of working life, even if retired)		
Draftsman Patent Draftsman 13. FATHER'S NAME	Washington, D. C. USA 14. MOTHER'S MAIDEN NAME	Na.
Ohamlas C. Mas Cambas		
Charles G. Mac Cartee 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Marie J. Wilson	_
[Yes, no, or unkown] [Ifyesgive werordelesofservice]	· ·	40)
NO MY:	s. Alice W. Mac Cartee (Same as item ;	L RETWEEN
BARTI BEATH WAS CAUSED BY A -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4		AND DEATH
1 MMEDIATE CAUSE (a_ Halaster arren	LCC 2	fear-
A 7 A 7 DUE TO	U	
Conditions, if eny, which geve rise to immediate cause		
(e), stelling the underlying DUE TO		
ceuse lest. (c)	The same and sale and	AC ALIZOREY
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING CAUSE OF	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	ERFORMED?
<u></u>	YES [NO 🗷
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in Part I or Part II of item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	May 1960, 19 to	(I) (we) last
saw the deceased alive on 19/14 19/01, and that	death occured 12:15 Phom the causes and on the date s	taled above.
220 SIGNATURE	ATTENDING MED. STAFF	22b, DATE SIGNED
Mannesons, Thomas	De la	61.
22c PH SICIAN S NAME (Type)	22d. ADDRESS	
James B. Thomas M.D.	228 North Market St. Frederick, Ma	ryland
236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY		(Stelle)
Burian Specify 12/21/61 Congression	washington D. C.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 21 '61 with 8. Thus	



1712 MARK 1	LAND DIALL DE ARIMONI VI II	MATERIAL ST. 10
	ARCH AND RECORDS, 301 W. PRESTON ST	FREET, BALTIMORE 1, MARYLAND
13941	CERTIFICATE OF DEATH	13909_

			ara dacaasad fivad, If Institutions Ras danca baiore admission)
Frederick	MARYLAND	Maryland	Fnederick
b. CITY OR TOWN (if outside corporate time to write RURAL and give neerest town)	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and give nearest town)
Buckeystown		Buckeystown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address	d. STREET ADDRESS	, e. IS RESIDENCE
Buckeystown,		Bucketstown	ON A FARM?
3. NAME OF First	Midd a	Lest 4, DA	
DECEASED (Type of print)	TTowns	OF DE	
Dea			ATH December 3 1961
S. SEX 6. COLOR OR RACE 7, MARRI	ED 🔼 NEYER MARRIED 🗍 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lest birthday) Months Days Hours Min.
Male_ White wow	ED DIVORCED A	pril 1.1878.	183 yrs Months Days Hours
1De. USUAL OCCUPATION (Give kind of work 10b.)	CIND OF BUSINESS OR INDUSTR	11. BRTHPLACE (County & Stel	ia, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Owner	1	Frederick Count	v U.S.A.
Owner M11	hala	Frederick Count;	y
TOTAL O LICENSE		THE MOTIES I MAIDER HAME	
William Henry Michael		Jane Specht	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yas, no, or unknown) ! (Ifyas giva war or datas of sarvical)	SOCIAL SECURITY NO. 17, 1	NFORMANT	Address
No 21	7-32-6001 Mr	s. Edna E. Michael	,Buckeystown,Maryland.
18. CAUSE OF DEATH (Enter only one cause per		1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	the //	ent File	ONSET AND DEATH
IMMEDIATE CAUSE (a)	registere. /	etyl- / army	- 1.hr 1
420'0 DUE TO	0	A 1	7 -
	() () () () () () () () () (
Conditions, if any, which (b)	- Chronely	whe fell	Perene Synt
gava rise to immediate cause	- Chrosely	our few	Persone 5 yout.
gava rise to immediate cause	- Chrockly	The few	persone 3 yout.
gave rise to immediate cause (a), stating the underlying cause lest. (c)	NTRIBUTING TO DEATH BUT NO		
gave rise to immediate cause (a), stating the underlying cause lest. (c)	NTRIBUTING TO DEATH BUT NO		EASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
gave rise to immediate cause (a), stating the underlying Course last. PART II. OTHER S GNIFICANT CONDITIONS CO		OT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
gave rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER S GNIFICANT CONDITIONS CO			EASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
gava rise to immediate cause (a), stating the underlying DUE TO cause lest. PART II. OTHER S GNIFICANT CONDITIONS CO. 20s. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		OT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
gava rise to immediate cause (a), stating the underlying DUE TO cause lest. PART II. OTHER S GNIFICANT CONDITIONS CO. 20s. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	OT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
gava rise to immediate cause (a), stating the underlying DUE TO cause lest. (c) PART II. OTHER S GNIFICANT CONDITIONS CO. 20a. ACCIDENT WAS UNDERLYING CO. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH UP (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. While Control of the con	SCRIBE HOW INJURY OCCURED INJURY OCCURED 2De, PLA e Noi While fact	OT RELATED TO THE TERMINAL DISE	Pert II of Ham 18.)
gava rise to immediate cause (a), stating that underlying DUE TO cause last. PART II. OTHER S GNIFICANT CONDITIONS CO. PART II. OTHER S GNIFICANT CONDITIONS CO. OR CONTRIBUTING CAUSE OF DEATH URST CONTRIBUTION CO. While Contribution cause of the co	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 2De. PLA le Not White fact rk at work	OT RELATED TO THE TERMINAL DISE	Part II of Itam 18.) (City or fown) (Counly) (Stata)
gava rise to immediate cause (a), stating the underlying DUE TO cause lest. (c) PART II. OTHER S GNIFICANT CONDITIONS CO. 20a. ACCIDENT WAS UNDERLYING CO. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH UP (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. While Control of the con	INJURY OCCURRED 2Do. PLA e Not White of work ded the deceased from.	OT RELATED TO THE TERMINAL DISE (Enter nature of injury in Part I or Inc.) (CE OF INJURY (Homa, farm, 2Df. 1956)	Part II of Itam 18.) (City or town) (Counly) (Stata)
gava rise to immediate cause (a), stating the underlying DUE TO cause last. PART II. OTHER S GNIFICANT CONDITIONS CO. PART II. OTHER S GNIFICANT CONDITIONS CO. OR CONTRIBUTING CAUSE OF DEATH URST CONTRIBUTING CO. While Contribution cause of the contr	INJURY OCCURRED 2Do. PLA e Not White of work ded the deceased from.	OT RELATED TO THE TERMINAL DISE (Enter nature of injury in Part I or Inc.) (CE OF INJURY (Homa, farm, 2Df. 1956)	Pert II of Item 18.) (City or town) (County) (Steta) (County) (Steta)
gava rise to immediate cause (a), stating that underlying DUE TO cause last. PART II. OTHER'S GNIFICANT CONDITIONS CO. PART II. OTHER'S GNIFICANT CONDITIONS CO. PART III. OTHER'S GNIFICANT CONDIT	INJURY OCCURRED 2Do. PLA e Not White of work ded the deceased from.	DI RELATED TO THE TERMINAL DISE LEGIAL nature of injury in Part I or LICE OF INJURY (Home, farm, 2Df. lory, street, office bldg, atc.) Dec. 1956 death occured at A.M.	Pert II of Item 18.) (City or fown) (County) (County) (Steta) (Steta) (County) (Steta)
gava rise to immediate cause (a), stating the underlying DUE TO cause last. PART II. OTHER'S GNIFICANT CONDITIONS CO. PART III. OTHER'S GNIFICANT CONDITIONS CO. 20s. ACCIDENT WAS UNDERLYING CO. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. Hour a.m. p.m. 19 14 wo 21. Certify that (I) (this hospital) after saw the deceased alive on	INJURY OCCURRED 2Do. PLA le Noi While fact rk at work	OT RELATED TO THE TERMINAL DISE (Enter nature of injury in Part I or Inc.) (CE OF INJURY (Homa, farm, 2Df. 1956)	Pert II of Itam 18.) (City or fown) (County) (County) (Steta) 19. WAS AUTOPSY PERFORMED? YES NO (Steta) (City or fown) (County) (Steta) 19. WAS AUTOPSY PERFORMED? YES NO (Steta)
gava rise to immediate cause (a), steting that underlying (c) PART II. OTHER S GNIFICANT CONDITIONS CO. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH Up of Contributing CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. While the contribution of the co	INJURY OCCURRED 2Do. PLA le Noi While fact rk at work	CE OF INJURY (Home, farm, 2Df. lory, street, office bldg , etc.)	Pert II of Itam 18.) (City or fown) (County) (County) (Steta) 19. WAS AUTOPSY PERFORMED? YES NO (Steta) (City or fown) (County) (Steta) 19. WAS AUTOPSY PERFORMED? YES NO (Steta)
gava rise to immediate cause (a), stating the underlying (c) PART II. OTHER'S GNIFICANT CONDITIONS CO. PART II. OTHER'S GNIFICANT CONDITIONS CO. PART II. OTHER'S GNIFICANT CONDITIONS CO. 20s. ACCIDENT WAS UNDERLYING (C) OR CONTRIBUTING (C) CONTRIBUTING (C) PART II. OTHER'S GNIFICANT CONDITIONS CO. PART III. OTHER'S GNIFICANT CONDITIONS CO. PART II. OTHER'S G	INJURY OCCURRED 2Do. PLA Not While feet or work inded the deceased from 19.6., and that	CE OF INJURY (Home, farm, 2Df. lory, street, office bldg , etc.) death occured at A.M. ATTENDING MED, PHYS. XX DIRECTOR	Pert II of Item 18.) (City or fown) (County) (County) (County) (Steta) To. Dace 3, 1960, that (I) (we) last from the causes and on the date stated above. STAFF PHYS. 11/4/61
gava rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER S GNIFICANT CONDITIONS CO. PART II. OTHER S GNIFICANT CONDITIONS CO. 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I cartify that (I) (this hospital) after saw the deceased alive on 22s. PHYSICIAN'S NAME (Type) Henry V. Chase. M.	INJURY OCCURRED 2De. PLA le Noi While fed rk at work at work and that	CE OF INJURY (Home, farm, 2Df. lory, street, office bldg, etc.) death occured at A M, ATTENDING PHYS. EX DIRECTOR 22d. ADDRESS L East Churc	Pert II of Item 18.) (City or fown) (County) (County) (County) (Steta) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\) (Steta) 10. Daca 3, 19 \(\) (Steta) 10. DATE PHYS. \(\) 11. DATE 1
gava rise to immediate cause (a), steting the underlying (c) PART II. OTHER S GNIFICANT CONDITIONS CO PART II. OTHER S GNIFICANT CONDITIONS CO PART II. OTHER S GNIFICANT CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. Hour a.m. p.m. 19 at wo 21. I cartify that (I) (this hospital) after saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) Henry V Chase M 23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	INJURY OCCURRED 2De. PLA Injury OCCURRED 2De. PLA Index of work and the deceased from 19.6., and that M De. 23c. NAME OF CEMETERY	DT RELATED TO THE TERMINAL DISE (CE OF INJURY (Home, farm, 2Df. 1956) death occured at AM, ATTENDING MED, DIRECTOL 22d. ADDRESS LEast Churcl OR CREMATORY 23d.	Part II of Itam 18.) (City or town) (Counly) (Counly) (Stata) (City or town) (Counly) (Stata) (Stata) A STAFF PHYS. (Stata) (Stata) (Stata) (Stata)
gava rise to immediate cause (a), steting that underlying (c) PART II. OTHER S GNIFICANT CONDITIONS CO. PART II. OTHER S GNIFICANT CO. PART II. OTHER S	INJURY OCCURRED 2De. PLA Not White at work at the deceased from. 319.6., and that December 19.6. And that Mount Of CEMETERY North Oliver	CE OF INJURY (Home, farm, 2Df. ory, street, office bidg, etc.) death occured at AM, ATTENDING MED, PHYS. X DIRECTOR 22d. ADDRESS L East Chure OR CREMATORY 23d. Cemetery Free	Pert II of Item 18.) (City or town) (County) (County) (County) (Steta) (City or town) (County) (Steta) (Steta) A County of town of county of the causes and on the date stated above. R PHYS. 11/4/61 A Cocation (City, town or county) (State) (State)
gava rise to immediate cause (a), steting the underlying (c) PART II. OTHER S GNIFICANT CONDITIONS CO PART II. OTHER S GNIFICANT CONDITIONS CO PART II. OTHER S GNIFICANT CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. Hour a.m. p.m. 19 at wo 21. I cartify that (I) (this hospital) after saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) Henry V Chase M 23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	INJURY OCCURRED 2De. PLA Injury OCCURRED 2De. PLA Index of work and the deceased from 19.6., and that M De. 23c. NAME OF CEMETERY	DT RELATED TO THE TERMINAL DISE (CE OF INJURY (Home, farm, 2Df. 1956) death occured at AM, ATTENDING MED, DIRECTOL 22d. ADDRESS LEast Churcl OR CREMATORY 23d.	Pert II of Item 18.) (City or town) (County) (County) (County) (Steta) (City or town) (County) (Steta) (Steta) A County of town of county of the causes and on the date stated above. R PHYS. 11/4/61 A Cocation (City, town or county) (State) (State)
gava rise to immediate cause (a), steting that underlying (c) PART II. OTHER S GNIFICANT CONDITIONS CO. PART II. OTHER S GNIFICANT CO. PART II. OTHER S	INJURY OCCURRED 2De. PLA Not White at work 19.6., and that De. 23c. NAME OF CEMETERY MONTH Oliver	CE OF INJURY (Home, farm, 2Df. ory, street, office bidg, etc.) death occured at AM, ATTENDING MED, PHYS. X DIRECTOR 22d. ADDRESS L East Chure OR CREMATORY 23d. Cemetery Free	Pert II of Item 18.) (City or town) (County) (County) (County) (Steta) (City or town) (County) (Steta) (Steta) A County of town of county of the causes and on the date stated above. R PHYS. 11/4/61 A Cocation (City, town or county) (State) (State)



15M 9/60

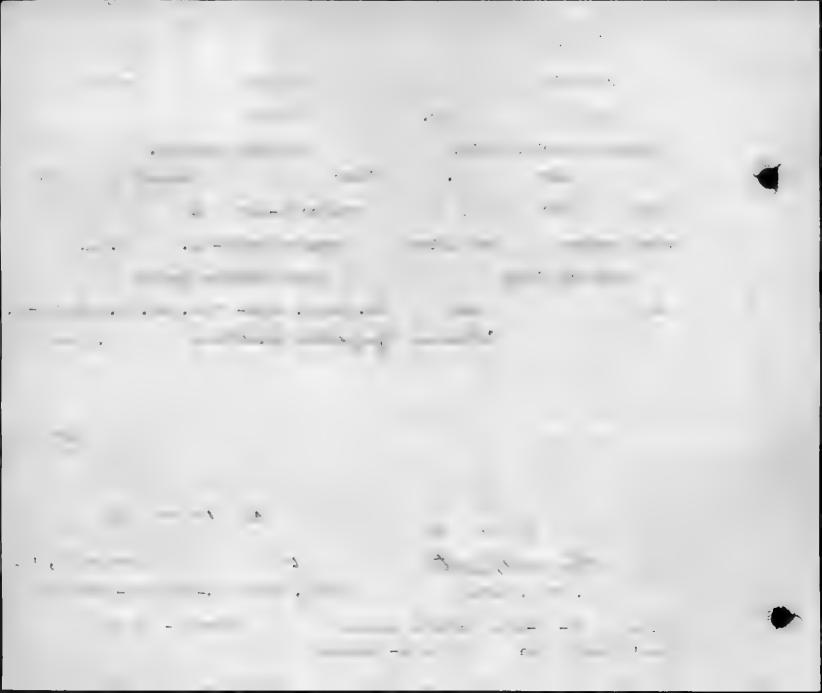
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

13942 CERTIFICATE OF DEATH

13940

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDE	NCE (Where deceased lived, If institution	Residence before admiss on)
Frederick	MARYLAND 0. STATE Mary	rland b. COUNTY Fr	rederick
write RURAL and give neerest town)	AGTH OF STAY IN 16 C. CITY OR TOWN	(If outs'de corporata limits, writa RURAL a	and give neerest town)
		lerick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi	ve straet address) d. STREET ADDRES	5	o, IS RESIDENCE ON A FARM?
Frederick Memorial Hospita	1 709	North Market St.	YES NO NO
(Type or print) Henry C	• Willer	December December	1 19 61
5. SEX 6 COLOR OR RACE 7. MARRIED N		9. AGE (In yeers IF UNDE	
Male White WHOWED X	DIVORCED November 2	last thdey) Months	
10a. USUAL OCCUPAT ON (Give kind of work and done during most of working life, even if refired)	BUSINESS OR INDUSTRY 11 BIRTHPLACE (Co.	unity & Stete, or foreign punitry) 12. (CITIZEN OF WHAT COUNTRY?
Postal Employee Post 0	ffice Frederick	County- Md.	U.S.A.
Frederick Miller 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. INFORMANT	Catherine Charlton	
(Yes, no, or unkown) (Ifyezgivewerordelesofsarvice)	Mrs. Farl S. S	Smith- 709 N. Mkt. S	St Erodoni ok=M
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	onic lymphatic.	Peukemia	6 mg
2.04.0 DUE TO			Q. 237 M. 2.
Conditions, if any, which (b)			
gave rise to immediate ceuse			,
(a), steling the underlying causa lest.			
	NG TO DEATH BUT NOT RELATED TO THE TERM	A NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
ATIC			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE H OR CONTRIBUTING CAUSE OF DEATH OF LETTHER, NOTIFY MEDICAL EXAMINER;	OW INJURY OCCURED. (Enter nature of in ary i	n Pert I or Pert II of Item 18.)	
3 20c, TIME OF INJURY Month, Day, Year , 2Dd, INJURY	OCCURRED 20e. PLACE OF INJURY (Home, fa	em, 20f. (City or town) (C	ounty) (Slate)
- abab	t While factory, street, office bldg., e	te.)	
21. I certify that (I) (this hospital) attended the		1043 10 12-14- 1	old that (1) (wa) last
saw the deceased abve on	, ,		*
226. SIGNATURE	19 W.J. , and that death occured at	M, HOM THE CAUSES and ON	22b. DATE
A Am	ATTENDING PHYS.	DRECTOR PHYS. De	cember 14. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	200	<u> </u>
NAME (Type) Dr. Rex R. Martin	250 N • M	Market StFrederick	- Maryland
	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, lown or cou	To 10 11 11
REMOVAL (Specify)	theran Cemetery	Jefferson- Mary	land
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS . 35° D	EC'D BY BEGISTRAD LOSE PEGISTRAD	
	ederick- Maryland		S. Frank



VR ATS (4) TSM 9/S9 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13943 CERTIFICATE OF DEATH

13912

1. PLACE OF DEATH d. COUNTY	FREDERICH	(MARYLAND	O STATE	SIDENCE (WH	nere deceased	lived. If institution b COUNTY	FR (D)		ission)
	N (If outside corporate limits e nearest tawn) CK		h of stay in ib Day	c. CITY O	R TOWN (IF C		ate limits, write R	URAL and giv	ve nearest to	wn)
OR INSTITUTIO	SPITAL (If not in hospital, given the second of the second			d. STREET	ADDRESS	-			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First R u S	15 E LL	Middle A . J.		last ERS	4. DATE OF DEATH	Mon 12		Day 2 %	Year 19 6 4
s. sex	1.0	7. MARRIED THE	VER MARRIED DIVORCED	8 DATE OF BI			7. AGE (In years last birthday) 6 5 yrs.		YEAR IF UN Days Hour	
during most of the Laborer	ATION (Give kind of work de vorking life, even if retired)	Cannir	_				^{intry)} 7 Maryla i		SA	COUNTRY?
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	NAME				
Jacob My	ers			Flo	rence S	Shankle				
15. WAS DECEASED	EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SE	CURITY NO. 17.	INFORMANT			Addi	ress		
Yes, no or unknown)	WWII	217-01-	-5894 Mi	rs. Anna	T. My	ers (S	ame as :	item #	2)	
Canditions, is gave rise to cause (a), stati	ng the <u>under-</u> DUE TO	eer Hy	PERTEN	SIVE		rascun			2 YR.	RS.
OR CONTRIBUTION	WAS UNDERLYING [] 12	20b. DESCRIBE HOW	/ INJURY OCCUR	RED. (Enter nature	e of injury in l	Part I or Port	II of item 18.}			ORMED?
(IF EITHER, NOT	JURY Month, Doy, Year	r 20d INJURY OCC While Native at work of we	vhîle	PLACE OF INJUR foctory, street, of	Y (Home, farm fice bldg., etc	o. 20f. (City (ar town)	(Co	ounly)	(State)
21. I certify	elson 5		and that		ING MI	M, fram t		d an the	date state	
BUTTAL Spec	12-27-61		nt Olive				ON (City, town, Crick, Ma	arylan	d	ole)
M. H. Etc	nison & Son.	Frederic	Maryl	and	250 REC'	D BY REGISTR		STRAR'S SIGI		



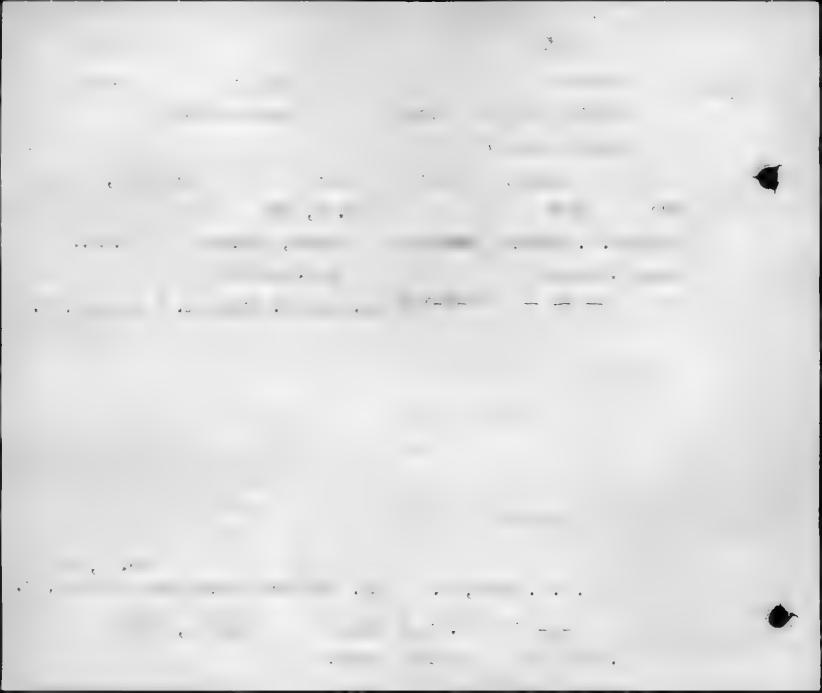
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) ly is necessary, I director. Page for your files. e. COUNTY Health, b. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outs de corporete um ts. & LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate I.m is, write RURAL and give nearest town) write RURAL end give neerest town) Woodsboro 15YR Woodsboro Ma or d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE nere! ON A FARM? YES NOX State WOODSBORO NAME OF Eirst M. ddla Lest. 4. DATE Month Day Yee DECEASED OF JOHN (Type or print) JR ONE MILL. DEATH 12 19 61 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH S. SEX 9. AGE (In years | IF UNDER I YEAR IF JNDER 24 HRS. 2 wif l and 2 will 72 hours 48 yrs. Months Deys | Hours WIDOWED [DIVORCED I within 24 hours after 18, Give Pages 1, 2, a h form PM3. Page 5 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Clothing U.S.A SHRINER MFG. CO Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Lee Null Georgetta Covell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unkawn) (Ifyes give weror detect service) Med Wilh Mrs Georgiana Null Woodsbore 216-22-7702 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), (INTERVAL BETWEEN - and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Homorrhage Gastrie IMMEDIATE CAUSE (a) in pencil certificate should be Office **DUE TO** removal, burial Conditions, if eny, which geve rise to immediate cause 40 DUE TO (e), steting the underlying Examiner' 8 ե cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINIAL DISEASE CONDITION GIVEN IN PART 11-6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be ial, cremati the word Medical NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | PUTY MEDICAL EXAMINER: CAUSE OF DEATH. Chief the c 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ' 20f., (City or town) (State) fectory, street, office bldg., etc.) While Not White Hour a.m. et work el work execute the certificate, forwarded to t 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection and in my opinion Inquiry agent, Natural causes Accident Suicide Undatermined manner death resulted from: Homicide | CHIEF MEDICAL EXAMINER should be forwer FUNERAL DII Thomas ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER The second R.O. Thomas NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) \$ 0 P BURIAL Woodsbore 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23. FLNERAL DIRECTOR VS. AISME Walkersville DATE DEC 11 5M 7/59



stely filled in by the funeral pers. Pages 1 and 2 should TO POSPITAL OR ATTENDING PHYSICIAN: The law that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician. S TO CUBERAL DIRECTOR: After this certificate has been signed by the attending physician and control the property of the place of the place of the place of the place of the property of the prop

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DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W	PRESTON STREET,	BALTIMORE 1, MARYLAND
13945	CERTIFICATE OF	DEATH	13914

B. CITY OR TOWN	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, if Institution, Residence before edmission)
b. CHY OR TOWN	a. COUNTY Frederick MARVIS	b. COUNTY Non Maryland Eraderick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sired address) Frederick Route # 1 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sired address) Frederick Route # 1 3. NAME OF Trederick Route # 1 3. NAME OF TREDERIC ROUTE # 1 4. DATE OF SIRT	b. CITY OR TOWN (if pulside corporate I m. is	
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Retired R. R. Brakeman MARK None Stanley, Virginia U.S.A	Malo White WIDOWED DIVORCED	Months Days Hours Min.
Retired R. R. Brakeman 13. FATHER'S NAME Martin B. Painter 15. WAS DICLASED EVER N.U.S. ARMED FORCES? 16. WAS DICLASED EVER N.U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enier only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH Enier only one cause per line for (a), (b), and (c). 19. PART IDEATH WAS CAUSE (a) 18. CAUSE OF DEATH Enier only one cause per line for (a), (b), and (c). 19. PART IDEATH WAS CAUSE (a) 19. WAS AUSO BY. 10. Conditions, if any, which gave into to immediate cause (b) 10. Conditions, if any, which gave into to immediate cause (b) 10. Conditions, if any, which gave into to immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions, if any, which gave into the immediate cause (b) 10. Conditions (c) 10. Co		DUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Martin B. Painter Ora B. Seekford 15. Was deceased ever N. U.S. Armed Porces? 116. Social Security No. 17. Informant Address (Ye was deceased ever N. U.S. Armed Porces? 116. Social Security No. 17. Informant Address Mrs. Carrie Z. Painter Rt. #L Frederick, Md. NIERVAL Services ONSE AND Data ONSE	Retired R. R. Brakeman KANX None	
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State Part Conditions, if any, which Part Date Date Date Part Date Date Date Date Date Date Date Date Date		
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JERS J UC (y bc		25a, AEC'D BY REGISTRAR 25B, REGISTRAR'S SIGNATURE
Robert E. Delley & Son Frederick, Maryland DATE	Isablet C Dicery T.C.	



TO PITAL OR ATTENDING PHYSICIAN: The law requires.

TO PERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, and the state Board of Health prior to burial, cremotian, ar remayal, and in any event, within 72 hours affect death.

		DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND								
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×		PURAL and give neares	1CK	3 DAYS	يح ال	NEWN	//N/N <	OR		
	<u> </u>	I. NAME OF HOSPITAL (d. STREET ADDRESS	/ / V L3 ==		e. IS RESIDENCE	
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		- ABDRE	R	ORCHAR	- 0	PILLAICR.	ICK CO	UNTY	0.5	
	13.	FATHER'S NAME			14	MOTHER'S MAIDEN NA	AME			
		00/5	$+\mu$ AT	TERSON		MOLLIF	13EL	<u></u>		
	15. °	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or uphsyown) (If yes, give wor or dotes of service)								
	L.	NO	Λ/٥	213-20-8604	1DEL	14 YATEL	ERSON	NEW WI	VOSOR/VI	
				per line for (a). (b), and (c)	10	0 1	0	`	INTERVAL SETWEEN ONSET AND DEATH	
		PART I DEATH IM	WAS CAUSED BY MEDIATE CAUSE (o)	Duoden	al C	Masse a	read ,	moscue	20	
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	RTIFI	200. ACCIDENT WAS U	NDERLYING 201	DESCRIBE HOW INJURY O	CCURRED. (En	ter nature of injury in Po	art I ar Part II of it	om 18.)		
	. CERTI	(IF EITHER, NOTIFY MEI	DICAL EXAMINER)							
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		saw the deceased	1 7			accurred at 23	M from the co	/	date stated above.	
		22a. SIGNATURE	2	1			1, 1, 0, 1, 1, 10	3302 0110 017 1110 1	22b DATE	
		tro	roule of	James "	my	ATTENDING ME	D. STAF	ř 🖂	SIGNED	
j	1	22c PHYSICIAN'S	- 11			22d. ADDRESS	200	1-/	. 6 1.	
		NAME (Type)	HANK	DAMA	20	ω ,	and s	t treder	गार्था भार	
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,	1	FUNERAL DIRECTOR SAL	GNATURE /	ADDRESS	,	25a. REC'D	BY REGISTRAR	256, REGISTRAR'S SIGN	IATURE	
. (6	Harly	withous	NEW WILLIAM	SOR	A DATE	C 1 3 '61	7 8.	/ ware	



CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad livad, If institution, Rasidence before admission) a. COUNTY e. STATE b. COUNTY Frederick by the and 2 death. MARYLAND Frederick b. CITY OR TOWN (if outs de corporeta limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ģ write RURAL and give neerest town Thurmont 5 VI'S Thurmont Pages filled i d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES 🗌 NO . At Home 3. NAME OF Firet Middle DECEASED OF (Type or print) DEATH DONATA BERNARD PETERS 6. I96T Deca 8 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years) IF UNDER I YEAR P04 5 SEX B. DATE OF BIRTH IE LINDER 24 HRS last birthday) and Months Days Hours je Male WIDOWED -DIVORCED T8. 口 3 Jan physician ever 10a. USUAL OCCUPATION (Giva kind of work гетоуе 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fora an country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Draftsman Waynesboro Penna. MILS.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 5 attending and William J. Peters Rachael L. Koons 15. WAS DECEASED EVER IN U.S., ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unknwn) (!fyasqiya werordates of service) Sabill eters.419 Rd. Thurmont 18. CAUSE OF DEATH (Entar only one cause par line for (e), (b), hospital or attending physician. cert.ficate has been signed by the ONSET AND DEATH IMMEDIATE CAUSE (a) the burial-transit burial, cremation, DUE TO Conditions, if any, which gave risa to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CONTRIBUTION CONTRIBUTION (IF EITHER, NOTHEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OF CURED, (Enjoy neture of injury in fart I or Part It of Itam 18.) After this (Steta) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, straet, office bldg., atc.) While Not While Hour e.m. at work e! work P1 - R0 may be retain 5 1960 to 1961, 1961, that (I) (we) last .19 and that death occure 2 \$1.30 AM, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. UNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Thomas A. Love W.Main St. Thurmont. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Spacify) Thurmont.Fredk.Co.Md OH Dec. 8. 1961 Buria ADDRESS 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR'S YR A15 (4) Thurmont. '61 Md 15M 9/60

LAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECO



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) Page a. COUNTY a. STATE b. COUNTY files. Frederick Maryland Washington MARYLAND b. CITY OR TOWN (if putside corporate I mits. r. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Your write RURAL and give nearest town] Frederick R.F.D.I Hagerstown ر او Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES 🔲 NO 3. NAME OF Midd e DATE Day Year Month DECEASED OF (Type or print) David DEATH 19 Selsam Phetteplace December 6T 2 with the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may and 2 with 72 hours fast birthdey) pue Months Hours Male White WIDOWED [DIVORCED T March29, 1907 This certificate should be executed within 24 hours after 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) Repair man on trucks at Lime Co. Washington Co. U.S.A. Pages 1 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M. Phetteplace <u>8</u> Leli M. Wise eventi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Ad dress (Yes, no, or unkown) (If yes give war or dates of service) No 2I7**-**I0-9409 Kenneth Phetteplace, Hagerstown, R. F. D. I 18. CAUSE OF DEATH [Enter only one cause peptine for (a), (b), and (c).] INTERVAL BETWEEN Office along w burial-transit p ONSET AND DEATH PART f. DEATH WAS CAUSED BY MMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) geve rise to immediate cause Examiner's **DUE TO** (a), stating the underlying 80 pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 11-0); 19, WAS AUTOPSY PERFORMED? 2 e word NO Medical plnous 20b. DESCRISE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of Item 18.1 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burial, Drove tractor on B&O R.R. and fright train sruck the CAUSE OF DEATH. execute the certificate, writing be forwarded to the Chief 20d. INJURY OCCURRED! 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year while Not While Lime Kiln Lime Kiln.Frederick.Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy X . Inspection XX. and in my opinion Inquiry DX Accident X Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE EXAMINER'B. O. Thomas, M. D. Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 12-4-61 Grossnickle Cemetery Myersville, Md. 400 burial ADDRESS 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur & throng Scott F. Minnich & Son, Hagerstown, Md DATE 5M 7/59

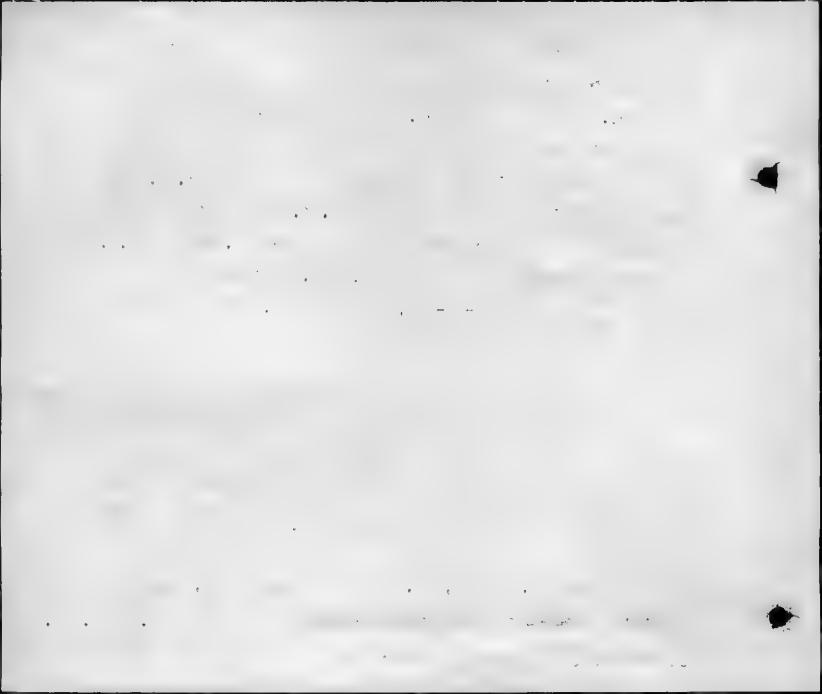
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13949 CERTIFICATE OF DEATH **Plno4s** 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY by the tand 2 send 2 seath. Frederick MARYLAND b. CITY OR TOWN (f ouls de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 50 Legore d. STREET ADDRESS . IS RESIDENCE ON A FARM? At his Home YES NOT 3. NAME OF M.ddle 4. DATE Yeer DECEASED (Type or print) DEATH DOC. REDMOND HARRY NORMAN 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 62 yrs I899 WIDOWED -DIVORCED [Male physician 10e. USUAL OCCUPATION (Give x nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Siete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A Shoe Factory Frederick Co. Laborer please 13/ FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ Ida K. Harvey Redmond , LOA F.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Redmond Meisner Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 213-10-2117 Mrs Myrtle V.Redmond Legore g physician. signed by the NO
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH mysture mazzand IMMEDIATE CAUSE (a) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? NO W 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in ury in Part I or Part II of fam 18) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBLTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. MD. 22c PHYSICIAN'S 22d. ADDRESS E. Stoner. Walkersville. Marvland 238, BURIAL, CREMATION, 1 236 DATE THEREOF 123d. LOCATION (City, town or county) Burial Oak Hill Legore, Md. Fred. 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) Thurmont, Maryland, DEC 1 2 '61 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECOR W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13950 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut e. COUNTY b. COUNTY Frederick by the and 2 death. MARYLAND b. CITY OR TOWN (if outs de corporete lim ts c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c LENGTH OF STAY IN 16 write RURAL and give neerest town) Frederick-Rural RD#6 Frederick 2. d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS Frederick Memorial Hospital Hughes Ford Road 3. NAME OF DATE DECEASED OF RETESTIDER (Type or print) CLYTIE ALMEDA DEATH December 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lest birthdey) White Female DIVORCED 21 June 1890 WIDOWED [10e. USUAL OCCUPATION (Give kind of work attending physician ken please remove 10b, KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (County & Stele, or fore gn country) done during most of working life, even if retired)
House-Work At Home McKaig, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Brandenburg John T. Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unkown) | (Ifyes give wer or dates of service) Robert R. Reifsnider (Same as item #2) No None 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] erescleration heart disease we PART I. DEATH WAS CAUSED BY. physic IMMEDIATE CAUSE (e) signed DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Pert t or Pert II of Item 18.) 200 ACCIDENT WAS UNDERLY NG [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20m, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR 1957 to 12-2 [...., 196], that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19 6.1., and that death occurred 51.15.PM, from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typo) 220 N. Market St., Frederick, Maryland Rex R. Martin, M. D. 23d. LOCATION (City, fown or county) BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUT 121. Frederick, Maryland Mount Olivet Cemetery 0

Frederick Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE '61 Cuthur S. France DATE

Residence before edmission)

e. IS RESIDENCE ON A FARM?

YES NO X

1961

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

ERFORMED?

(Siela)

22b. DATE

(Stete)

SIGNED

Frederick

Months

USA

(County)

22 Dec 1961

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss on) 1. PLACE OF DEATH a. COUNTY Page director, Pag or your files. MARYLAND b. CITY OR TOWN (f outside corporate lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate film is, write RURAL and give neerest town) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF | 4. DATE DECEASED OF (Type or print) DEATH B. DATE OF BIRTH , MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR . IF UNDER 24 HRS. last birthday) WIDOWED [10a USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) 13. FATHER'S NAME pag 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If esgive war or dates of service) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IM AEDIATE CAUSE (a) **DUE TO** Conditions, if ans, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. used PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY pluods 20a EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Itam 18.) ate the certifice... a forwarded to the Chief. ... as forwarded to the Chief. ... to burial, or Ü PRIMARY PO or CONTRIBUTING CAUSE OF DEATH. 1 20d. INJURY OCCURRED # 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While al work at work 22 1961 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry death resulted from. Natural causes Accident X Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER Address (Streat, city, Iown, or county) EDCATION (City, town, or country) 0 240. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME DATE DEC 2 7 '61 C. Lut & France

. IS RESIDENCE ON A FARM? YES NO

Yaar

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO PI

YES

and in my opinion

DATE SIGNED

Days

5M 7/59

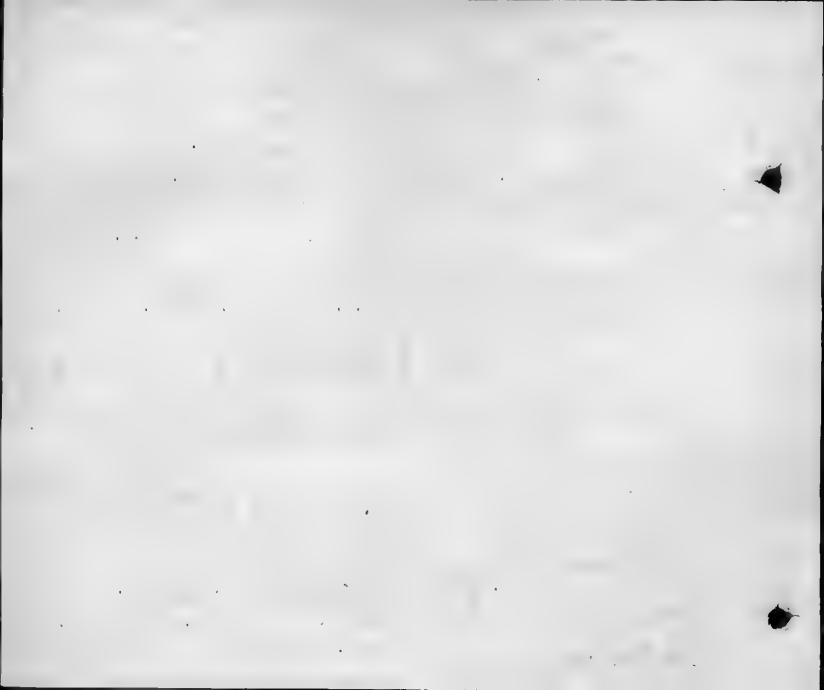


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13952 CERTIFICATE OF DEATH

1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
Frederick MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write PURAL and give nearest town)	V
Thurmont I5 yrs	X Thurmont
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
At Home	East Main St. YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) VIOLA H. ROBERTSON	ог реатн Dec . Г3-Т96Т 19
	DATE OF BIRTH 19. AGE (In yeers FUNDER 1 YEAR FUNDER 24 HRS.
The state of the s	arch 28-1875 last birthdeys Months Deys Hours Min.
100. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) House Wife Own Home	u.s.A
TOUSE VITE OWN Home	14. MOTHER'S MAIDEN NAME
Michael Northcraft	Minerva Bishop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wer or detes of service)]	NFORMANT Address
	s.V.Robertson L. main St. Thurmontd
18. CAUSE OF DEATH [Enter only one cause per The for (e), (b), and (c).]	, INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
JAMEDIATE CAUSE (a) YCOCA	
DUE TO O A TO DO	-P. J. T. O. +
Conditions, if ony, which \ (b) (Cadeulal gall	with gradure of strange 6 days
gove rise to immediate cause	
(e), stelling the underlying	
	T RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY
2 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
5	YES NO P
	(Enter neture of 'n'ury In Pert I or Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120c. PLA	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
Hour While Not While	ary, street office bldg., etc.) Ma
g.m. 7 12 7 19 6 al work et work town	- KSON 507-EMain / Nurmont Franco
21. I certify that (i) (this hospital) attended the deceased from.	1961, to 1961, 1961, 1961, that (1) (we) last
	death occured for A; M, from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF SIGNED
	D. PHYS. DIRECTOR PHYS.
NAME (Tree James K. Char	22d. ADDRESS
NAME (Prof James K. Gray	Z. E. Main St. Thurmont. MD
23e. BUBIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVED POR Dec . 16-1961 Green Ridge	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS IN USING	ont and over DEC 1 8 61
maymond L Creager	ond DATE DEC 1 8 '61 Com S. House
Haymona & Cites	

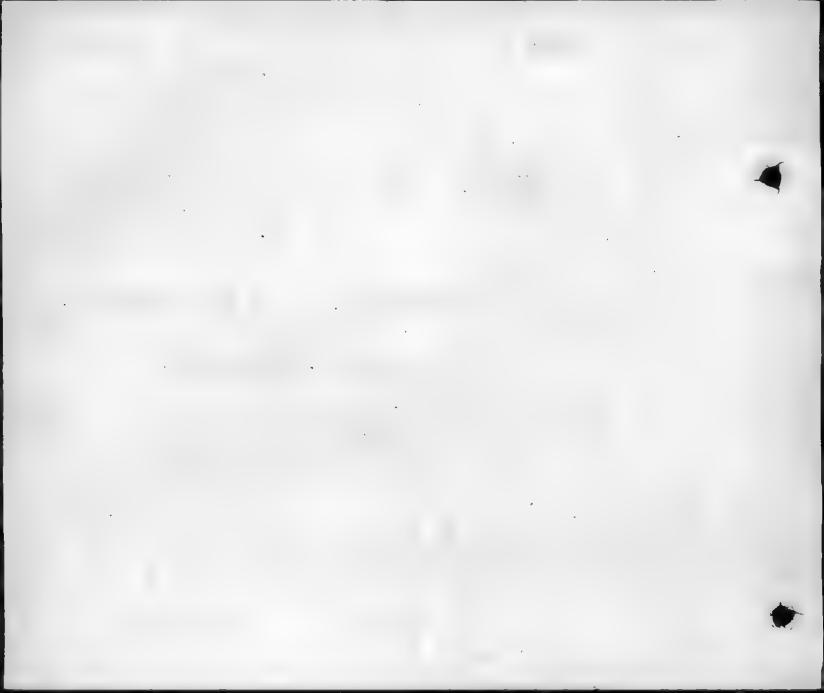


CERTIFICATE OF DEATH 13953 director PLACE OF DEATH o. COUNTY MARYLAND FREDER uneral b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 è RURAL and give nearest town) то REDERI d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION MORINL 4. DATE OF DEATH NAME OF Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cchanic 13 FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY pheumonia-20a. ACCIDENT WAS UNDERLYING IT 26. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) WEDI n. m While Not while at work at work p. m. 21 I certify that (I) (this hospital) attended the deceased from sow the deceosed olive on DIRECTOR: ATTENDING MED DIRECTOR MD 22c PHYSICIAN'S 22d. ADDRESS 806 OUC 23b. DATE THEREO! BUR AL, CREMATION. NAME OF CEMETERY OR CREMATORY ADDRESS 250. REC'D BY REGISTRAR

15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

> 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Yeor 19 9 AGE (In years lost birthdoy) IF UNDER 1 YEAR! IF UNDER 24 HRS Months Davs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO A (County) (Store) and that death occurred at 2.74M, from the causes and on the date stated above SIGNED STAFF 23d LOCATION (City, lown, 25b. REGISTRAR'S SIGNATURE



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12057 CERTIFICATE OF DEATH

1_		CERTIFICATI		139	123
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, If institution, Re	sidence before admiss on)
1	a. COUNTY		e. STATE	b. COUNTY	
<u> </u>	Frederick	MARYLAND	Maryland		erick
	b, C.TY OR TOWN (f outs de corporate limits, write RURAL and give neerest town)	e LENGTH OF STAY IN 16	c CITY OR TOWN (If outs'de eou	rporala ilmits, writa RURAs and	g've neerest town)
	Frederick	Davs	/ Urbana		
1	d. NAME OF HOSP TAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	•	I . IS RESIDENCE
	ad by		i i		ON A FARM?
	Frederick Memorial Hospit	AL.	4		YES NO
3.	NAME OF First	Middle	Last 4. DATE	Month	Dey Year
	DECEASED (Type or print) OLIVER	WILSON	RUNKLES OF DEAT	H December	24. 19 61
				9 AGE (In years IF UNDER 1)	
3.	SEX 6 COLOR OR RACE 7. MARRIE		, DATE OF BIRTH	last birthday) Months D	
	Male White Widows	D DIVORCED	June 27, 1904	57 yrs.	-72 114412 11511
10		NO OF BUSINESS OR INDUSTR	Y 11 BRTHPLACE (County & State, o	or fore gn country) 12. CITIZ	EN OF WHAT COUNTRY?
de	ne during most of working life, even if retired)	The selection of the selection of	Manuelland		USA
<u> </u>	County Eng.	Engineering	Maryland	a e	_ AGO
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Marien VanSant Runkles		Martha Wi	ilson	
15.		SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	_
{Y:	s, no, or unkown) (lifyesgive weror deles of service)				40
			s. Pauline H. Runl	KTG8, pame as -	tem #2
	18. CAUSE OF DEATH [Enter only one cause per l	ine for (e), (b), end (c).]			INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ARRINOMA O	FTHE STOM	art	6 mas
		Kernorum O	7 7 7 5 7 6 7 6 7	,	Sud
	DUE TO				
	Conditions, if any, which [b]				
	gave rise to immediate cause DUE TO				
	(e), signing the underlying				
_	PART II, OTHER SIGNIF CANT CONDITIONS CON	CERTIFICATION OF A THE REST NO.	T BELATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN BART	LAL TO WAS ALITORSY
CERTIFICATION	PART II. OTHER SIGNIF CARE CONDITIONS CO	TIKIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE	E CONDITION SIVEN IN PART	PERFORMED?
ໄ芸					YES 🔭 NO
ĬĚ		CRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert t or Pert	II of item 18.)	
18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
2			CE OF INJURY (Home, farm, 20f, (Ci ory, street, office bldg., etc.)	(Coun	ty) (State)
MEDICAL	Hour e.m. While p.m. 19 el wei		,,,		
1		1 2 1 - 2 2 /	8/ 1 1961, 10	12/2/10/	Tub (IV (wa) last
	21. certify that (II) (this hospital) atten				
1	saw the deceased alive on	5 19 4, and that	death occured at A. M. fro	m the causes and on th	
	22a. SIONATURE		ATTENDING MED.	STAFF	22b. DATE
	Tickeral C. Kulm	APA W	D PHYS. MED. DIRECTOR	☐ PHYS. ☐ 26	Dec 1961 SGNED
	22c, PHYSICIAN'S	7.	22d. ADDRESS		
1	NAME (Type) Richard C. Reyn	olds. M. D.		., Frederick, I	id.
_		Table 1			
23	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LO	CATION (City, town or county	(Stete)
	Burial Dec.27.1961	Mount Olive	t Cometers Fre	ederick, Maryla	and
2.4	FUNERAL DISCOORS SIGNATION A	A ANDRESE	125e REC'D BY REGI	STRAR 256 REGISTRAR'S S	
24	Ltchrson & son Free	erick, Marylan	ldi -		
	JUGARUM SAMALIN	19.	DATEDEG 2 7 '8) COX 2011 20. 1	

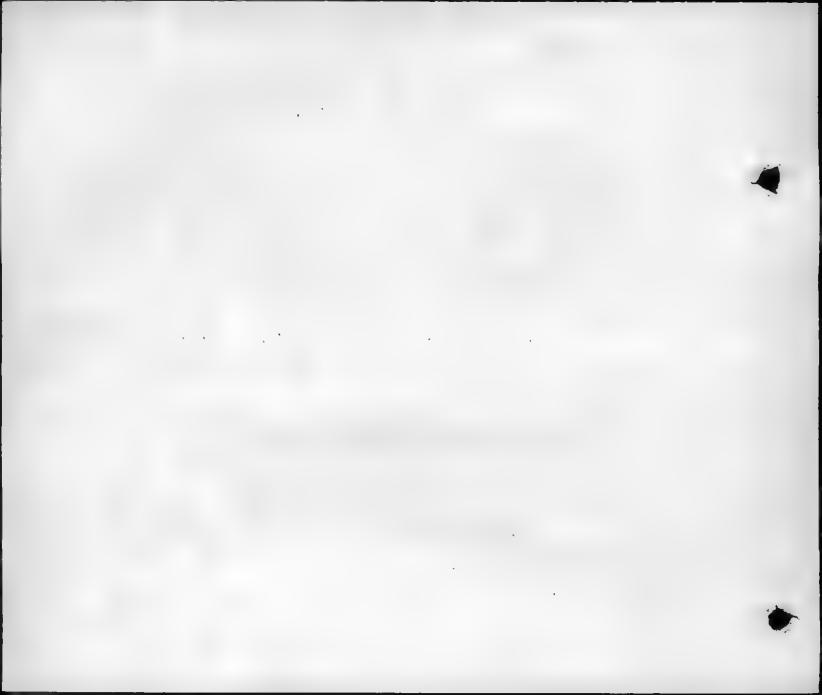


VR A15 (4) 15M 9/59

MARYLA	ND STA	ATE DEF	PARTMENT	OF HEA	ALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

	13955 CERTIFICA	ATE OF DEATH	13994
7.	PLACE OF DEATH COUNTY FIRE DE RICK MARYLAND	a STATE Mantel and	b. COUNTY FOR desidence before admission)
Ι,	CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	Va - I I	limits, write RURAL and give nearest town)
7-	rederick Wee's d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION REDERICK CA CHRONIC HOSP	d STREET ADDRESS	e is residence on a fam? YES ☐ NO [7]
3.	NAME OF First Middle DECEASED :	Last 4. DATE	Month Day
	DECEASED IType or print) - LIZABETH CATALERIA	OF CHALLER PEATH	12 13 961
S	6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min
Ŀ	ETTALE WHITE WIDOWED DIVORCED	AUG-431231883	Gar dirinday) Months Days Hours Min
10	LSUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INC	to a second	12. CITIZEN OF WHAT COUNTRY?
	ouse wife own nome	[Haryland	U.S.
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	* *
C	HARLES THOMAS AHALT	ALBERTA	HUFFER
1S.	, no, or unknown) If if yes, one war or dates of service)	INFORMANT	Address
=	120220	Harry "halt, Boyds	Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:	· 7/1 1-1	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE OF MANAGEMENT	ef Mullsealla C.	wiemen 3mo
	153.1 DUE TO	T	()-1 1 171 ·
	Canditions, if any, which (b)	THE SHAWING	cour ys
1	couse (a), stating the under-		,
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	LIT NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY
CERTIFICATION	Server Decel Art	11501- 2005	PERFORMED? YES NO 2
JE S	20g. ACCIDENT WAS JNDERLYING 206 DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I ar Part II	
CERI	20s. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		PLACE OF INJURY (Home, farm, 20f. (City or	town) (County) (State)
MEDICAL	Hour a.m. While Nat while p. m. 19 at work at work at work	factory, street, office bldg., etc.)	
	21 I certify that (I) (this haspital) attended the deceased from	194819	12/13, 196/, that (1) (we) last
	l dan d	- 21	e causes and an the date stated above
	220. SIGNATURE CALL		226. DATE
	(Fanice	M.D. PHYS. MED.	STAFF SIGNED PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
L	Dr. A. Talbott Brice		n, l.d.
23	BURIAL CREMATION, 236 DATE THEREOF . 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATIO	N (City, town, or county) (State)
	purial #2/16/1961 Hutheran C	emetery liddl	etown, Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25o. REC'D BY REGISTRA	
L	Gladhill Company, Middletown, M	d. DATREC 1 9 '61	Claim & Thank



12

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and to the place of the prior to burial, tremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE SOMEWIAND

13956

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased leved, If last tution: Residence before admission)
a. COUNTY Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 1b	c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town)
write RURAL and give nearast town) Frederick 17 yrs.	// Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address)	d. STREET ADDRESS
117 West South St.	117, West South Street YES NO A PARMY
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Typa or print) HARRY CLINTON S	MITH December 28 th4961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BRIH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min.
Marie.	Mar. 8 1878 83 yrs.
done during most of working life, even if ratired)	
Retired merchant Operated a store	Sharon Penn. U.S.A.
Henry Smith	Amelia Tarah Spealman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, 1 (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	
	rs. Mary W. Smith 117 W. South St.
18. CAUSE OF DEATH [Enter only one cause per line for (a,, (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
MMEDIATE CAUSE (a)	
JOUE TO	
Conditions, if any, which (b)	-
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO 4
E 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour s.m. White Not White fact	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bildg., atc.)
p.m. 19 at work at work	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
21. I certify that (I) (this hospital) attended the deceased from	7-13-, 1957, to., 12-28-, 196/, that (1) (we) last
saw the deceased alive on. 12 5.2-619.6/, and that	death occured ava.AM, from the causes and on the date stated above.
22a SIGNATURE	ATTENDING L MED. STAFF _ SIGNED
14. 1 Martin M	D. PHYS. DIRECTOR PHYS.
22c. PHYSTCIAN'S	226. ADDRESS N. Market St. Frederick Md.
NAME (Typa) Rex R. Martin M.D.	220 N. Markey Dos Prederton mas
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county) (Stata)
Burial Dec. 30 1961	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATLEY'S FUMERAL HOME Frederick 1	DATE 14N 3 162 Circles & Thous



VR A15 (4) 15M 9/60

within 24 homrs after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13926 13957

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission e. STATE b. COUNTY
Frederick MARYLAND	Maryland Frederick
b. CITY OR TOWN (if outs'de corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town)	c. CITY OR TOWN (Fourside corporete l'mits, write RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	// Frederick / d Street Address 0. 15 Residence
	ON A FARM
D.O.A.Frederick Memorial Hospital	406 Broadway YES NOK
(Type or print) ROGER WESLEY SMITH	OF
	B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Apr. 21-1894 67 yrs. Months Days Hours Min.
10e. JSUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	
Tavern Owner Tavern	Frederick Co. Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Smith	Martha Hopkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] (Ifyesgive war or dates of service)	
Yes W. W. 1 WM KNOWN Mar 18. CAUSE OF DEATH linter only one ceuse per line for (a), (b), and (c).	ude B. Smith-406 Broadway-Fred. Md.
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
1 11110.	Meurl Farlur 30 Days
Conditions, if any, which the Continuousless	tu Meant Disease (year
geve rise to immediate cause	gian
	Carhovas ala Disen 3year
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D.SEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO .
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of Hem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
Hour a.m. While Not While fac	etory, street, office bldg., etc.)
	t death occured at. 2.A.M., from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	A D. PHYS DIRECTOR PHYS.
22c. PHYSICIAN'S NAME Type Edward Stone	4 West 3rd Street Frederick, Md.
236. BUR.AL, CREMAT ON 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Buriai Dec.11-61 Fairview	<u> </u>
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Frederick, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
C.E. Hicks 111 Frederick, Mary	Land DATE DEC 13'61 Orllug & thous

unknown

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13958

13927

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceased lived, if institution: Residence before admission)
•. COUNTY Frederick MARYLAND	* STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate timits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata km ts, write RURAs and give nearest town)
write RURAL and give nearest town) Frederick Years	· Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS
912 North Market Street	912 North Market Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	ENCER, III. December 24, 1961
	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED X D. VORCED	8 March 1903 September 1903 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRI dona during most of working life, even firstrad)	RY 11 BIRTHP. ACE (County & State, or fora gn country) 12. CITIZEN OF WHAT COUNTRY?
Salesman Produce Firm	Baltimore, Md. USA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Allen D. Spencer, Jr.	Florence Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17.	DIDO Larktimes Olegosia
084-07-7169 Mrs	s. Barbara Zimmerman Chamblee, Georgia
is. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INJERVAL BEJ WEEN
PART I DEATH WAS CAUSED BY: artismselights	- hert dieuse with 12 hours
O DUE TO	acute myotarded e jarety
A	The state of the s
gava risa to immediata causa	-
(a), stating the underlying DUE TO	
couse last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO FOLLOWING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
■ 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Part II of Itam 18)
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Line about or many in terr to that it or man to)
3 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Tiour a.m.	tory, street, office bldg., alc.)
21. I certify that (I) (this hospital) attended the deceased from.	11-2-2- 1960 to 12-2- 1961, that (1) (we) last
leave the deceased alive on 17-7-3 - 1961 and the	death occured at 30M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
1 2 2 1	ATTENDING MED STAFF TO 27 Dec 1061 SIGNED
22c. PHYSICIAN'S That I Martin	AD. PHYS. N DIRECTOR PHYS. 21 DGC 1901
NAME (Typa) Rex R. Martin, M. D.	220 N. Market St., Frederick, Md.
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	
DI FINITE A DIRECTORIE CICALATURE A ADDRESS	256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24 Mart. Etchleon & Son, Frederick, Maryla	nd
SAGHERICSHIERE SI.	DATELAN 2 '62 william S. Hraus

TO EXOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

TO AUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carried tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove caption pages: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after depth.

VR A15 (4) 15M 9/60



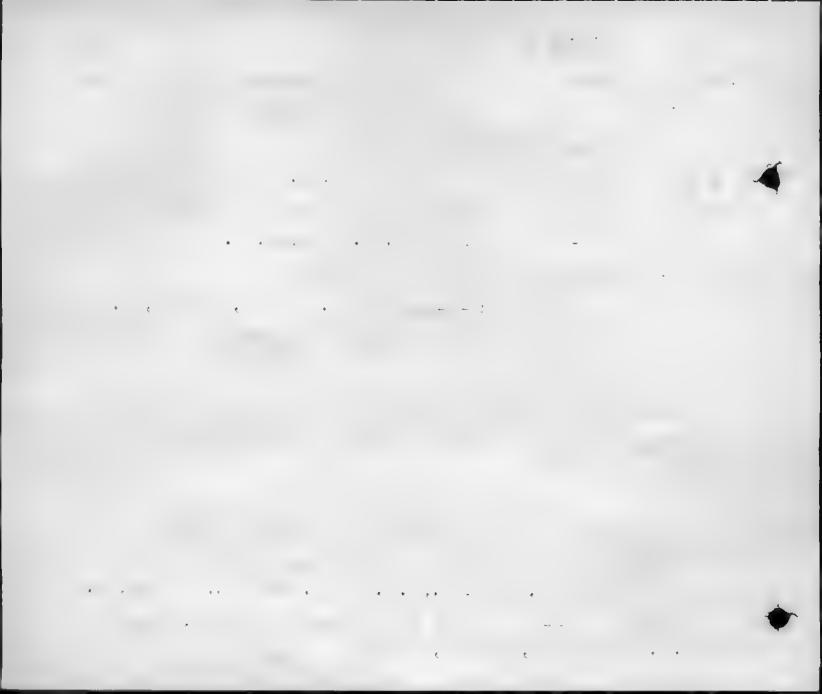
250 DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13959 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY Frederick Marvland Frederick 12 t MARYLAND and b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete I mils, write RURAL end give nearest town) E. LENGTH OF STAY N 16 É. Frederick g ve neerest town) Hours Buckevstown filled in Pages d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospite), give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NOXX 3. NAME OF M ddle 4. DATE DECEASED OF JOHN 1961 LEO DEATH (Type or print) STRAILMAN. SR. December 8 carbon 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) 7. MARRIED NEVER MARRIED and Hours Male Sept 1896 WIDOWED T DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gn country) гетоме 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck Driver - Hudson Supply & Equip. Ca. Frederick. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please D G Marion Strailman May Gosnell tg. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO. 17. INFORMANT Address (Yes, an or unkown) (If yes give wes or detes of service) Robert F. Strailman. Adamstown, Md. 216-07-5012 18. CAUSE OF DEATH [Enter on y one cause p e for (e), (b) end (c)] INTERVAL BETWEEN ONSET AND DEATH Nemarrhage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which been (b) gave rise to immediate cause DUE TO (e), stelling the underlying has PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY certificate PERFORMED? Se. NO TY 20s. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert | or Part | of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. el work af work may be retaine DIRECTOR: / 21. | certify that (I) (this hospital) attended the deceased from......... 19.96. that (I) (we) last should 19.40 saw the deceased alive on..... 22b. DATE ATTENDING Dec 1961 PHYS. DIRECTOR PHYS. UNERAL 22d. ADDRESS 22c. PHYSICIAN'S Charles H. Conley, 228 N. Market St., Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) (Stelle) BUTIAL (Specify) Mount Olivet Cemeterv Frederick. Maryland M. R. Etchison & Son, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Frederick / Maryland DATREC 6 '61 Carller & Throng

(Stein)

SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 3950 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission PLACE OF DEATH o. county o. STATE **b** COUNTY MARYLAND Frederick CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Rural Hiddletown days Middletown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? alley View Mursing Home YES NO 1 4. DATE First Middle Month last Yeor DECEASED OF DEATH Edgar M. Summers (Type or print) 16] S. SEX 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours DIVORCED [7] WIDOWED [nale yrs. 10a JSUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) furniture stord Marvland U.S. stock clerk. ret. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary Ellen Palmer Jacob E. Summers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Edgar lirs. Summers. Middletown. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. 21 | certify that (1) (this haspital) attended the deceased fram Soft 19.6/, that (I) (we) last 196 /, and that death accurred at saw the deceased alive an . .M. fram the causes and an the date stated above. 226, SIGNATURE SIGNED ATTENDING PHYS. MED. STAFF M D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Elmer H Middletown. 23a. BURIAL, CREMATION. 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Memorial Fred. Frederi 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Company, Middletown, Md.

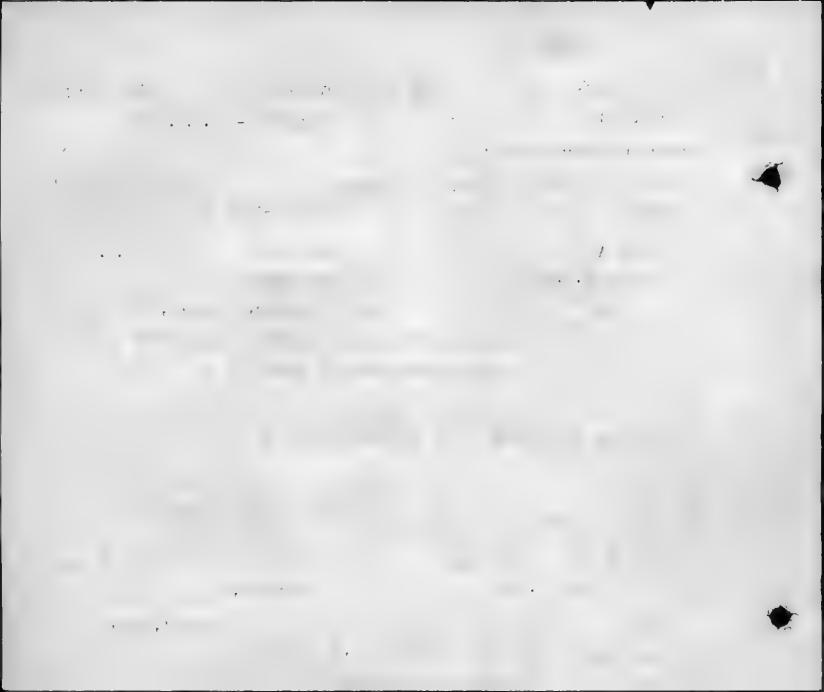
DATE DEC 1 4 '61



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13961 . PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edm.ssion) e. COUNTY a. STATE h. COUNTY Frederick MARYLAND Maryland .. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest own) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Frederick days Dickerson---R.F.D. d. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp'te, give street eddress) IS RESIDENCE ON A FARM? YES X NO Frederick Memorial Mospital 3. NAME OF Middle 4. DATE DECEASED [Type or print] DEATH December 15 196] Clay Thompson 5. SEX 6. COLOR OR RACE 17, MARR ED NEVER MARRIED 19. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH last birthday) | Months | Days physician and Female. December 20-1884 WIDOWED IN DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY 1' (IRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relited) House wife Maryland 13. FATHER S NAME George W. Wagner Eff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Effie Morton ā (Yes, no, or unknown) : [[fvesqive war or detes of service] Leroy Thompson, Dickerson, Md 18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c,.] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) signed After this certificate has been signe stached for use as the burial-transit DUE TO adono carcinome of cervix (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 19. WAS AUTOPSY S 2 HYTERIUS = ICVITIC LAND, YOUTH AN 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of 'njury in Port | of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 2De, PLACE OF NJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., etc.) Not While While Hour a.m. el work el work may be retaine 21. I certify that (I) (this hospital) attended the deceased from 2.7 APV., 1952 to 15 Aleco, 1961, that (I) (we) last 19 61., and that death occurred at 520 M, from the causes and on the date stated above saw the deceased alive on.... 220. SIGNATURE DATE ATTENDING 2 SIGNED DIRECTOR PHYS. RHYSICIAN'S 22d. ADDRESS NAME (Type) Gordon M. Smith Barnesville, Md 23d. LOCATION (City, town or county) 236. BUR.AL, CREMATION. | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) New Market, Maryland Burial 12/18/61 Methodist Barnesville, Md 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE DEC 21 15M 9/60

LAND STATE DEPARTMENT OF HEALTH

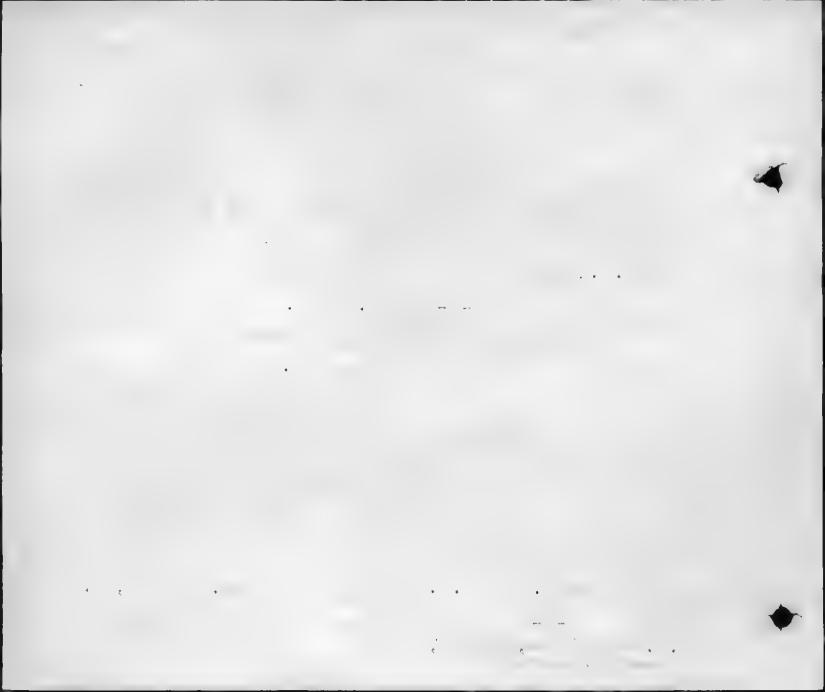


TO DSTITAL DE ATTENDING FINICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be relatived by the hospital or attending physician.

To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a stell tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

MARYL	AND STATE DEPAR	TMENT OF HE	ALTH
DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS, 301	W. PRESTON STI	REET, BALTIMORE 1, MARYLAND
13902	CERTIFICATE OF	DEATH	13931

Ш	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, finstitution, Residence before admission)					
7	Frederick MARYLAND	*. STATE Maryland b. COUNTY Frederick					
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
	write RURAL and give neerest lown) Frederick	// Frederick					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					
	DOA Frederick Memorial Hospital	509 Biggs Avenue YES NO X					
ľ	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer					
	/T	RASHER December 21, 1961					
П		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS,					
4	Male White WIDOWED DIVORCED	29 Oct 1930 Sat birthdey) Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?					
	Laborer Dairy	Jefferson, Maryland USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	George W. K. Thrasher	Nellie Lakin					
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address					
-	(Yes, no, or unkown) ((Ifyesgivewerordatesofservice) 217-32-5108 Mr:	s. Helen G. Thrasher (Same as item #2)					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) acute into	the my real ONSET AND/DEATH					
İ	4 COST DUE TO						
	Conditions, if any, which) (b) Reute Corron	in the military					
1	geve rise to immediate ceuse	12 de l'artinute de la constante de la constan					
	(e), stating the underlying DOE TO	In Clean Diners Inc					
	To the second second	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 1 19 WAS AUTOPSY					
	05	PERFORMED?					
	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED	LEnter nature of injury in Part I or Part II of Item 18.)					
	PART 11. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER),						
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) (State)					
1	Hour s.m. While Not While fee	tory, street, office bldg., etc.;					
-		July 15 , 1961, to lug 1 P , 1961, that (1) (wo) last					
-	21. I certify that (I) (this hospital) attended the deceased from	a ch					
	saw the deceased alive on least 19 6.1., and that	death occured at A. M., from the causes and on the date stated above.					
-		ATTENDING MED. STAFF 22 Dec 1061 SIGNED					
-	22c, PHYSICIAN'S	A.D PHYS. X DIRECTOR PHYS. 22 Dec 1901					
-	NAME (Type) Henry V. Chase, M. D.	4 East Church St., Frederick, Md.					
1							
	23s. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY FULL 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14						
	24 EUNERAL DIRECTOR'S SIGNATURE Bon Frederick, Maryla	nd 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REC'D BY REGISTRAR'S SIGNATURE 256. REGISTR					
1	Juanus 11 Smille fr.	DATE DATE					



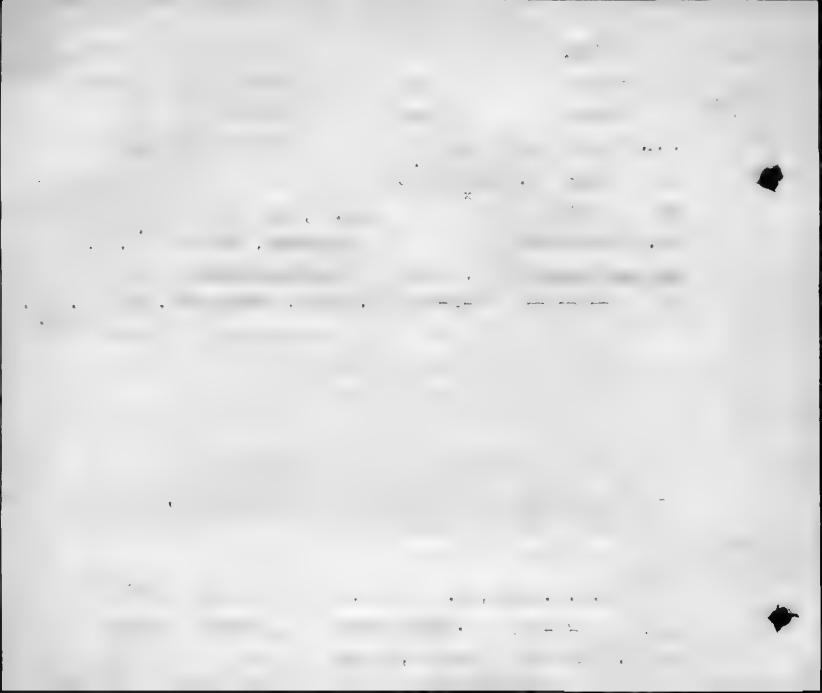
		29		division of statistical research and records — Baltimore 1, Maryland 13963 CERTIFICATE OF DEATH
1	ctar, with	_ /	-	
ŝ	director iled wit		1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before odmission) a. COUNTY!
		TXA) <u> </u>	Thelenak MARYLAND Mulleud Dieleuck
2				b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	the funera should be			Theelenak X Mulkenvelle
210	by the d 2 sho	67		d. NAME OF HOSPITAL (If not in haspital, give street address) ORTHOGRAPH VECULAR HOSPITAL (If not in haspital, give street address) ON A FARM YES IN NO
	in ing		3.	NAME OF DECEASED (Type or print) C. HAR E.E. S. Middle TRACE DEATH DEATH 196
	oletely rs. Pag ofter de	3	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 10 WIDOWED DIVORCED
200	d comp paper		10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF, BUSINESS, OR INQUSTRY 17 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT UH 2 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D	rsician and ive carban p within 72 ho		13.	FATHER'S NAME OF THE SECT THE COLOR OF THE C
	thd Pme		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT In. no. or winhowy) 7. Ill yes, give wor or ddig/of service; 1. (2)
	ending lease re		=	
5	e atten nen ple id in ar			PART I. DEATH WAS CAUSED BY: A MATTER / MATTER / ONSET AND DEAT
3	d by # mit. ‡ val, q			Canditions, if any, which Laennec's cirrhosis of the liver with 6 to 12
מש.	sit per			gave rise to immediate cause (a), stating the under lying cause last. Column DUE TO MO.
physici	ial-tran		CATION	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF PERFORMED. YES 12 NO
ending	ficate h the bur al, crem		CERTIFICATIO	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
al ar all	his certi use as to buri		MEDICAL	20c. TIME OF INJURY Manth. Day. Year 20d INJURY OCCURRED Haur a. m. While Not while at wark at wark at wark at wark at wark at wark
haspit	After ched fa th prian			21. I certify that (I) (this haspital) attended the deceased fram. 7-17-, 1961, to 12-7-, 1961, that (I) (we) I saw the deceased alive an 12-1-1961, and that death accurred at M, fram the causes and an the date stated about
by the	ECTOR: e deta of Heal			22a SIGNATURE) ATTENDING MED STAFF SIGN M.D. PHYS. DIRECTOR PHYS 22b DATI
etoined	AL DIR			22c PHYSICIAN'S NAME (Type) ROX PMOTINI
•	UNER Jeb 3 state		23	D. BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county)
, E	Pod e		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
R AT	9/59		1/	epter-Ecree Hillerfoller of 116 partie 7 161 come & theme



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, If institution; Residence before admission) I director. Page or your files. e. COUNTY e. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I mits, write RURAL end give nearest town) write RURAL and give nearest town) Frederick Frederick 35 years for d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? D.O.A. Frederick Memorial Hospital 1309 North Market Street YES NO C Vance MA Wachter Les! Also known as DATE DECEASED OF THE RESERVE (Type or print) DEATH 27 December 19 61 Vance Renner 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR .F UNDER 24 HRS. S. SEX B. DATE OF BIRTH 2, and 3 lest birthdey) Months Hours Male White WIDOWED [DIVORCED Sent. s Office along with form PM3. Pages 1, 2, 1, 2 buriel-transit permit. File pages 1 and 2, emoval, and in any event 11. BIRTHPLACE (State of for Prederick of C. CITIZEN OF WHAT COUNTRY) 100 USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) ########## Prop. of Tourist Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Renner Susan Ryan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive were rdetes of service) Mrs. Edith C. Wachter 1309 N. Market St. Fred. INTERVAL BENTEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH Suffocation due to piece orange in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Multiple Sclerosis Conditions, if any, which [6] d "pending"

Examiner's C

Examiner's C gave rise to immediate cause DUE TO (e), stating the underlying Old cerebral Infarct PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 1/1 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat NO U 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING shoul burial, Piece of orange lodged in Trachea CAUSE OF DEATH. Chief 20d. INJURY OCCURRED; 20e. PLACE OF INJURY (Home, ferm, 20f. (Cily or lown) Month, Day, Yeer (County) (State) forwarded to the Chi Home 4-15 p.m. While Not While 0 Frederick, et work et work 24, 61 Frederick Co. Md prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry X and in my opinion agent, Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER should be forwer FUNERAL DIT ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 🔀 December 25, 1961 EXAMINER'S NAME (Type) Dr. B. O. Thomas Sr. M.D. Addi M. D. Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 6 40 Mt. Olivet Cemeterv Frederick Maryland
24e. REC'D BY REGISTRAR | 24B. REGISTRAR'S SIGNATURE Burial ADDRESS Vs. A1SME 5M 7/59 Son Frederick, Maryland Rebert L. DATE DEC 2 9 '61



3.

15. (Ya

MEDICAL CERTIFICATION

23

24

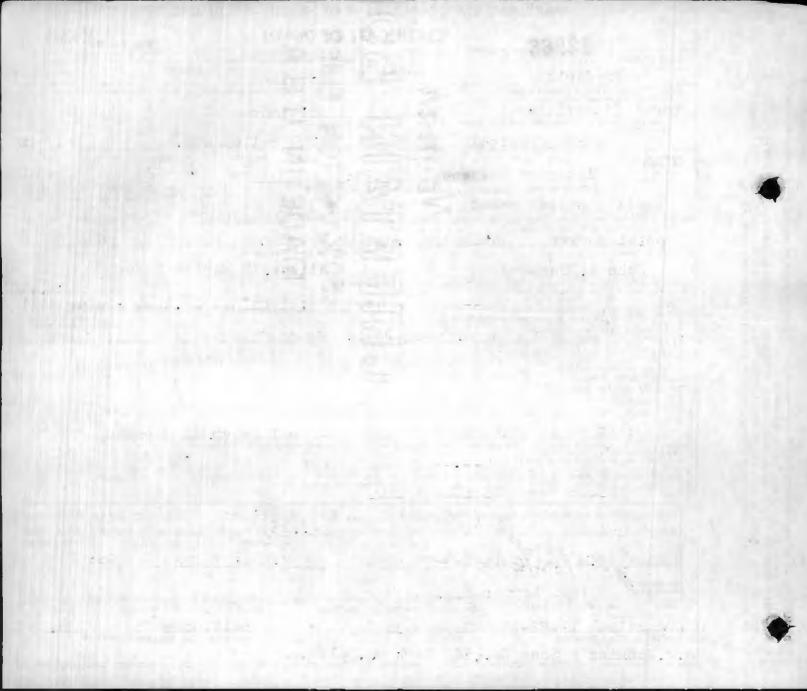
	MARYLAND STATE DE	PARTMENT OF HEA	ILTH ET, BALTIMORE 1, <i>I</i>	HARVIAND
	13965 CERTIFICAT	E OF DEATH	er, ballmore i, i	13934
1.	PLACE OF DEATH Proderick MARYLAND	2. USUAL RESIDENCE (Where a. STATE Marylan		Rasidanca bafora admiss on rederick
	c. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 3	c. CITY OR TOWN (If outside of	orporata i mits, writa RURAL a	a. IS RESIDENCE
3.	220 9th Avenue	1 222 013 :	CONUC E Month	ON A FARM? YES NO Day Year
	Type or print) ROSS Linden	Wonner DEA	тн 12	6 1961
	Menel White WIDOWED DIVORCED	8-20- 1 877	ULL yrs.	Days Hours Min.
do —	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRED TO THE DESCRIPTION OF BUSINESS OR INDUSTRED TO THE BUSINESS OR INDUSTRED	o Virginia	or loreigh country) 12. C	U.S.A.
13,	FATHER'S NAME GEORGE SAMUEL Wenner	14. MOTHER'S MAIDEN NAME	Martha Fou	
15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	_
CATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO Cause last. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		SE CONDITION GIVEN IN PA	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	208. ACCIDENT WAS UNDERLY NG (206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, Enter nature of m'ury in Part t or Pa	rt II of frem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	CE OF INJURY (Homa, farm, ory, streat, office bldg., atc.)	City or town) (Co	ounty) (Stata)
		death occurred atM, fr	0 - (-	
	22c. PHYSICIAN'S	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.	12-7-6 HGNED
23.	NAME (Type) J. G. F. Smits BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		J'ar gland	nty) (State)
240	REMOVAL (Specify) Burial 12-9-1961 Saint Mark		tersville, N	
24	FINERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REC	GISTRAR 256. REGISTRAR"	
0	The Luco Brunswick, Maryland	DATE DEC 12	61 1111	1 Kruse



VS A15 (4) 15M 9/58

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CERTIFICATE	OF DEATH	

13966	CERTIFICA	ATE OF DEATH		Reg. Dist	1,3935	
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe	b. (institution: Residence	s before admission	/
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au		, write RURAL and gi	ve nearest tawn)	
rural Ijamsville	6 months	Baltimo	re	31	101-4	
d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION Riggs Hospits	_	d. STREET ADDRESS	ellonaAV		e. IS RESIDE ON A FA YES N	ARM?
3. NAME OF DECEASED (Type or print) Alexandra Dus	Middle	lost tnev	4. DATE OF DEATH DE	Manth	Day Yeo	or / ¬
5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 2	
Female white wipowi		oct 7 1876	last bi	rthday) Manths [Days Haurs	Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	Dr. St.		r fareign country)	12. CITIZ	EN OF WHAT COU	JNTRY?
		alth Marvlar			USA	
13. FATHER'S NAME	a co bopo ano	14. MOTHER'S MAIDEN NA		1	0.022	
John A. Dushane		Elizabe	th Mario	on Duke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Address	Rd	.,1
Yex, no, or unknown} If yes, give war or dates of service	G	eorge D. Per	miman Ji	.1004 P	oplar H	
18. CAUSE OF DEATH Enter only one cause per lin	7	00150 21 101	2212111012 03		INTERVAL BETW	
PART I. DEATH WAS CAUSED BY:	teriosclero	tic Heart I	14 0 0 0 0 0		ONSET AND DE	ATH
IMMEDIATE CAUSE (a) ALL	00110001010	oro Moare 1	Tacase		5 yrs	
Canditians, if any, which)						
gove rise to immediate			-			
cause (a), stating the <u>under-</u> lying cause last.						
	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMS	IAI DICEASE CONDI	TON COUCH IN BARY	V-119 TAVAS ALI	TORCY
2					PERFORM	IED?
d left Hemiplegia			interna		d YES N	10/
20b. DESG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa		artery		
				22 00 8 3		
Haur a.m. While	Nat while	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) →	20f. (City ar tawn)	(Ca	ounty)	(State)
21. I certify that I attended the decease	ed from May 18	1961, to De	c 20	1961that I los	t saw the dec	enser
olive on Dec 20 19	1 =	occurred at 7.25				
	illally one man acan		DDRESS (Street, city		DATE S	
SIGNATURE GISH John	rer	M.D. Tjan	nsville N	ıd I	Dec 20 1	196
PHYSICIAN'S Joseph Lerner	M _D					
22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City	r, town, or county)	(State)	
Cremation 12-22-61	Greenmount		Baltimo	ore	Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			4. REGISTRAR'S SIG		
H.W. Jenkins & Sons Co.	4905 York R	d. Balto DATE DE	62001	arthur S.	Thomas	



VR A15 (4) 15M 9/60 94

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13967	4=1011111			1.3936	
1. PLACE OF DEATH a. COUNTY				stitution, Residence before admission	
Frederick	MARYLAND	a. STATE Marvl	and b. COUNT	Frederick	
b. CITY OR TOWN (if outside corporete limits,	LENGTH OF STAY IN 16			ite RURAL and give neerest town)	
write RURAL and give nearest town) Frederick	Lifatime	// Frede	rick		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d. STREET ADDRESS		a. IS RESIDENC	
Monocacy Hall Nursin		1 L12 North Market Street YES NO.X			
B. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year	
(Type or print) Lawrence	W. Ying	rer	DEATH Decembe	r 25. 19 61	
5. SEX 6. COLOR OR RACE 7. MARRIED		, DATE OF BIRTH	9. AGE (In years)	FUNDER I YEAR IF UNDER 24 HRS	
Male White WIDOWED		Oct. 10. 1895	lest birthdey)	Months Days Hours Min.	
			y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY	
Ret. Machine Operator No.	me	Frederick.	Marriand	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN		Undano	
William C. Yinger		Valletta B	ender		
IS WAS DECEASED EVER IN IL C ADMED ECONCES : 16 SC	CIAL SECURITY NO. 17. 1		Address		
(Yes no, or unkown) (Ifyesgive war or detesof service)	L-10-2771 Mrs	. Helen Maga	ha 1.70 M. Manie	at St. Fred. Md.	
18. CAUSE OF DEATH [Enter only one ceuse per line	4 4 1000	1 Heatell Maga	HE TITE IN . MET. KI	I INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY. 17 A	Illistia F	In Omila		ONSET AND DEATH	
IMMEDIATE CAUSE (0)	marche 1	1 / corrota	4	3 milya	
DUE TO T	a Ladia A	Tin / 1	2	2111/18	
Conditions, if any, which gevarise to immediate ceusa	unaion	1001 (10	1)	C/2 9000.	
(a), sleting the underlying DUE TO	un Mas	CALMANN	2	BINISK	
ceuse lest. (c)	yrroj oco -	Samoni	1	Jugarde	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(0) 15 WAS AUTOPS	
PAKE II. OTHER SIGNIFICANT CONDITIONS CONT				YES NO	
	BE HOW INJURY OCCURED	, (Enter nature of injury in P	ert I or Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Dey, Year 20d. INJ		CE OF INJURY (Home, farm		(County) (State)	
20c. TIME OF INJURY Month, Dey, Year 20d. IN. While at work 2	_ 140) William	rory, street, office bldg., etc.			
		244 4 0 6 1 11	LV Dea 1	5	
21. I certify that (I) (this hospital) attende					
saw the deceased alive on	7196, and that	death occured e	M, from the causes a	nd on the date stated abov	
228. SIGNATURE		ATTENDING M	ED. STAFF	22b. DATE SIGNE	
13.0.1 amps	N M		RECTOR PHYS.	12-25-1961	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Dr. B. O. Thomas	Jr. M.	D. 228 Nort	h Market Stree	t Frederick, Md.	
	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	n or county) (State)	
REMOVAL (Specify) Rurrial 12-28-1961	Mt. Olivet Ce	emeterv	Frederick, M	arvland	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE	
Tobant F. Dillow Son I	Frederick, Ma	ryland DAREC	2 9 '61 Cath	un S. Kraus	

77019 Madandori

Magazey Intl Warning hars

Frederitale

Mills Wille

Cillian C. Timper

Marine Prederick

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1805-30-01

Dr. B. D. Tromma, Jr. . M.D. 200 Howth Marineh Street Myslericky, Md.

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